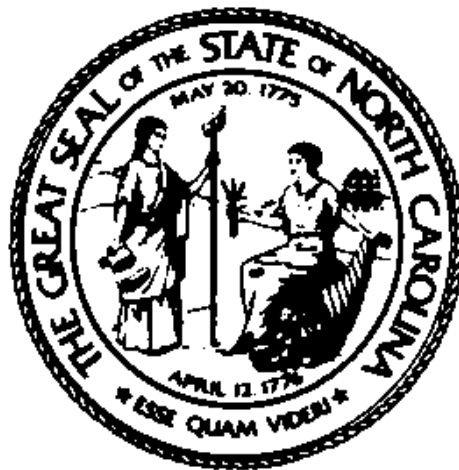


**NORTH CAROLINA DEPARTMENT OF  
HEALTH AND HUMAN SERVICES  
NORTH CAROLINA DIVISION OF SOCIAL SERVICES**



**Subrecipient Monitoring Plan**

**State Fiscal Year 08-09**

**July 1, 2008-June 30, 2009**

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#### **for**

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<b>Division: Social Services</b>	Col 2	Col 3	Col 4	Col 5	Col 6	Col 7
<b>Subrecipient Monitoring Plan SFY:</b>	SFY 08-09					
<b>Program/Page/Compliance Supplement in Monitoring Plan Matrix</b>						
Program Name in Monitoring System (Program Management Database Name, if different)	General Rqmts for Local Government Grantees Page Number	General Rqmts for Non Local Government Grantees Page Number	Program Specific Rqmts Page Number	Monitoring Tools Page Number	List all Applicable Compliance Supplement(s)	Comments, Background and/or Requirements
Social Service Block Grant for Children: CPS, Foster Care, Adoption, and Links	Section II p 1	Section III p 1-3	Section VIIA p, 154	Section VIIA p, 178	93.667-1 93-667-13 93-658.4CL	
IV-E Foster Care	Section II p 1	Section III p 1-3	Section VIIA p, 155	Section VIIA p, 183	93-658	
IV-E Adoption Assistance	Section II p 1	Section III p 1-3	Section VIIA p, 156	Section VIIA p, 191	93-659	
Work First	Section II p 1	Section III p 1-3	Section VIIA p, 156 Section IV p,49-53	Section VIIA p, 195 Section IV p,	93.558	
State Maternity Fund	Section II p 1	Section III p 1-3	Section VIIA p, 157	Section VIIA p 208,	93.645-1	
At Risk Case Management	Section II p 1	Section III p 1-3	Section VIIA p, 209	Section VIIA p 212,	N/A	
Child Support Enforcement	Section II p 1	Section III p 1-3	Section VI p, 105 Section IV p, 49-53	Section VI p 113-152 Section IV p,	93.563	
Family Preservation and Support	Section II p 1	Section III p 1-3	Section VIIIB p, 218	Section VIIIB p, 226-238	DHHS-26	
Family Violence Prevention	Section II p 1	Section III p 1-3	Section VIIIB p,218	Section VIIIB p, 226-238	93.671	
Work First/After School Programs for At Risk Students	Section II p 1	Section III p 1-3	Section VIIIB p, 219	Section VIIIB p, 226-238	CS 93.558-8	
TANF Domestic Violence	Section II p 1	Section III p 1	Section VIIIB p, 218	Section VIIIB p, 226-238	93.558	
Child Abuse Prevention	Section II p 1	Section III p 1	Section VIIIB p, 219	Section VIIIB p, 226-238	93.590	
Intensive Family Preservation Services (IFPS):	Section II p 1	Section III p 1	Section VIIIB p, 219	Section VIIIB p, 226-238	93.556	
Family Preservation Services (NON-IFPS):	Section II p 1	Section III p 1	Section VIIIB p, 219	Section VIIIB p, 226-238	93.556	
Family Support Program /FRC	Section II p 1	Section III p 1	Section VIIIB p, 219	Section VIIIB p, 226-238	93.556	
Reunification Services	Section II p 1	Section III p 1-3	Section VIIIB p, 220	Section VIIIB p, 226-238	93.556	
Adoption Promotion and Support	Section II p 1	Section III p 1-3	Section VIIIB p, 220	Section VIIIB p, 226-238	93.556	
Food and Nutrition Services	Section II p 1	Section III p 1-3	Section V p 55 Section IV p, 49-53	Section V p 69 Section IV p,	10.561	
Low Income Home Energy Assistance Program-	Section II p 1	Section III p 1-3	Section V p 55	Section V p 98	93.568-2 93.568-3	
Refugee Assistance	Section II p 1	Section III p 1-3	Section V p 56	Section V p 100	93-566-2 93.566-3 93.584 93.576-5	

# **NCDHHS DIVISION OF SOCIAL SERVICES SUBRECIPIENT MONITORING PLAN**

## **Section I Introduction**

### **Subrecipient Monitoring**

The Federal Office of Management and Budget (OMB) Circular A-133 requires pass-through entities to monitor their subrecipients' use of federal funds. This is to ensure reasonable compliance with federal program laws and regulations and that provisions of contracts or grant agreements and performance goals are achieved. Pass-through entities must ensure that any subrecipients expending \$500,000 or more in federal grants or awards during a given fiscal year have a single or program-specific audit performed in accordance with Circular A-133. Therefore, contracts which are less than the \$500,000 threshold fall into the category of those which are subject to subrecipient monitoring. In addition, N.C. G.S. § 143-6.1 requires the category of financial assistance contracts funded with State dollars and other dollars that flow through the appropriation process to be monitored as subrecipients.

This document describes the protocol the North Carolina Division of Social Services (NCDSS) will utilize in carrying out its subrecipient monitoring responsibilities. This plan serves as the manual for implementing the Division's subrecipient monitoring policy. This plan is applicable to all units and individuals within NCDSS that have a role in subrecipient monitoring as identified in this plan.

Subrecipient monitoring is a continuous quality improvement strategy which is integrated into the monitoring responsibilities of NCDSS through a process which is as efficient and as seamless as possible. This document incorporates monitoring activities undertaken by the various sections and teams within the Division to the extent that those activities maintain the integrity of the monitoring requirements outlined in this plan. The Division's subrecipient monitoring activities are coordinated through the Lead Monitoring Coordinator in the County Operations Section of the Budget Office.

### **Background**

The North Carolina Division of Social Services is dedicated to assisting and providing opportunities for individuals and families in need of basic support and services to become self sufficient and self reliant. The Division of Social Services advocates for and encourages individuals' rights to select actions appropriate to their needs.

Primary to the Division is our commitment to provide families and children with family centered services that strive to achieve well being through ensuring safety and permanency.

Furthermore, we recognize our responsibility through teamwork and professional effort to assist in this process. Towards this end, in cooperation with local departments of social services and other public entities, we seek to identify needs, devise and focus resources, and deliver services responsively and compassionately

In order to carry out its mandate to provide basic support to assist individuals to become self supportive and self reliant in a manner consistent with the rights, and responsibilities of all North Carolina citizens (G. S. § 108A-) NCDSS provides financial assistance funding to local county governments, non-profit agencies, universities, and other non-governmental entities utilizing federal grants and funds appropriated by the General Assembly of North Carolina. Those services provided on

behalf of NCDSS are designed to enable individuals and families to become self supportive, self reliant and to achieve well being through ensuring safety and permanence.

This plan outlines how NCDSS, as a pass-through entity, will comply with its responsibilities under OMB Circular A-133 (Audits of States, Local Governments, and Non-Profit Organizations) and G.S. § 143-6.2 (Reports on Use of State Funds by Non-State Entities) to monitor the disbursement and use of federal and state dollars for the intended purpose according to the compliance requirements of each funding source and the stipulations of the contract or performance agreement with the subrecipient. These requirements are consistent with the expectations of federal agencies and states addressed in the Federal Financial Assistance Management Improvement Act.

## Program Areas and Services to be monitored

Area	Federal/State Compliance Number	Subrecipients to be monitored	SFY 2008 Projected Expenditures	Review Tool
Social Service Block Grant for Children: CPS, Foster Care, Adoption, and Links	93.667-1 93-667-13 93-658.4CL	Attachment 1	\$178,049,717.00	Attachment A and B
IV-E Foster Care	93-658	Attachment 1	\$152,717,324.00	Attachment C
IV-E Adoption Assistance	93-659	Attachment 1	\$1138,522,454.00	Attachment D
Work First	93.558	Attachment 1	207,996,190.00	Attachment E
State Maternity Fund	93.645-1	Attachment 1	\$1,258,008.00	Attachment F
At Risk Case Management	N/A	Attachment 1	8,000,000.00	Attachment ARCM A
Child Support	93.563	Section I Attach B	Title IV-D \$113,953,452.00	Attach A,B and C, Section V
Family Violence Prevention	93.671	Attachment A	Federal and State: \$2,200,000.00	Attachment C
Food and Nutrition Services	10.561	Page 9	Food and Nutrition Services Administration \$1,106,784,344.00	Attachments A, B and C
Low Income Home Energy Assistance Program-LIEAP	93.568-2	Page 11	LIHEAP Block Grant \$17,315,919.00	Attachment D
Low Income Home Energy Assistance Program-CIP	93.568-3	Page 11	LIHEAP Block Grant \$12,904,706.00	Attachment D
Refugee Assistance	93.566-2	County applies as needed when eligible  Page 13	US Department of Health and Human Services' Office of Refugee Resettlement \$4,420,692.00	Attachment E
TANF Domestic Violence	93.558	All 100 Counties	TANF- \$2,200,000.00	Attachment C
Child Abuse Prevention	93.590	Attachment A	CBCAP- \$835,795.00	Attachment C
Work First/After School Programs for At-Risk Children	93.558	Attachment A	TANF- \$2,749,642.00	Attachment C
Intensive Family Preservation Services (IFPS):	93.556	Attachment A	IV-B2- \$2,211,948.00	Attachment C
Family Preservation Services (NON-IFPS):	93.556	Attachment A	IV-B2- \$2,211,948.00	Attachment C
Family Support Program /FRC	93.556	Attachment A	IV-B2- \$2,211,948.00	Attachment C



Area	Federal/State Compliance Number	Subrecipients to be monitored	SFY 2008 Projected Expenditures	Review Tool
Reunification Services	93.556	Attachment A	IV-B2-\$2,211,948.00	Attachment C
Adoption Promotion and Support	93.556	Attachment A	IV-B2-\$2,211,948.00	Attachment C

## **Roles and Responsibilities**

The Lead Monitoring Coordinator has been assigned the lead responsibility for coordinating and overseeing subrecipient monitoring activities within NCDSS. The Budget Office is responsible for ensuring overall fiscal integrity within the Division. In order to maintain objectivity in carrying out its responsibilities, the duties of the Lead Monitoring Coordinator are distinctly separate from other NCDSS staff that have direct responsibility for program and fiscal management, program development, technical assistance, or any other functions directly related to program administration.

It is the intention of this Subrecipient Monitoring Plan insofar as possible to identify current NCDSS activities which constitute compliance with Subrecipient Monitoring requirements and to include them in the Subrecipient Monitoring Plan without adding additional tasks assignments or additional layers of administrative reporting and review. Wherever possible, new activities developed to meet Federal and State requirements for subrecipient monitoring are undertaken by the Lead Monitoring Coordinator as the designated position for assuring compliance with Subrecipient Monitoring requirements. Where a review of NCDSS tasks and assignments suggest points at which Subrecipient Monitoring requirements could be strengthened, every effort is made to integrate reinforced compliance requirements without being burdensome to current staff assignments. At the same time, the subrecipient monitoring process recognizes the importance that NCDSS shall be able to assure with confidence any inquiry by Federal, State or NCDSS stakeholders that appropriate oversight of the use of federal or state funds is in place.

The role of subrecipient monitoring is to provide an objective process for assurance of compliance with the requirements of subrecipient monitoring per OMB Circular A-133 and the DHHS Subrecipient Monitoring protocols. It is the role of subrecipient monitoring to assure that all programs/contracts which are determined to require subrecipient monitoring are meeting the requirements set within the applicable compliance supplements or contracts.

## **Duties of Lead Monitoring Coordinator**

--The *Lead Monitoring Coordinator* is responsible for providing reasonable assurance to the Executive Management Team (EMT) of NCDSS and, by virtue of its assignment of the responsibility, to the Department that a subrecipient is in compliance with the state and federal requirements according to the specifications of the type financial assistance received. This includes making a determination as to whether there is sufficient internal control over financial management and accounting systems to account for program funds in accordance with state and federal requirements. Specifically, the *Lead Monitoring Coordinator* is responsible for:

1. Developing, implementing, and updating the Division's subrecipient monitoring plan.
2. Disseminating single audit findings to all sections and monitors.
3. Identifying what components need to be monitored according to the applicable compliance requirements.
4. Identifying NCDSS team roles and responsibilities for monitoring.
5. Developing and designing appropriate monitoring tools, instruments, protocols and worksheets in collaboration with the Lead Monitors, and other DHHS Subrecipient Monitoring Coordinators.
6. Providing training to the contract managers, program compliance representatives, program coordinator on the methods and strategies for program and fiscal monitoring, including on-site monitoring and the reporting requirements of monitors.
7. Reviewing the progress of monitoring activities to assure that they are being carried out consistent with the plan.
8. Providing ongoing feedback and support to program compliance Reps in carrying out their responsibilities.

9. Maintaining and updating a current list of DSS staff performing ongoing monitoring activities carried out within the Division.
10. Maintaining a listing of locations where the source documents for specific monitoring activities are maintained.
11. Evaluating the impact of subrecipient activities on NCDSS' ability to comply with applicable Federal and State requirements and communicating any concerns to management.

Implementation of the NCDSS Subrecipient Monitoring Plan involves the participation of most sections within NCDSS.

Following is chart detailing an overview of the responsibilities of the various sections within NCDSS for carrying out the activities associated with subrecipient monitoring:

- M

**NCDSS Staff Performing Subrecipient Monitoring and Related Support Activities are identified below:**

<b>NCDSS Monitoring Staff-SFY 07-08</b>	
<b>Lead Monitoring Coordinators</b>	
Staff Person	Area of Responsibility
Lee O. Quick	Family Services Child Welfare Services Work First Child Support Enforcement
Neil Walters	Economic Services
<b>Lead Monitors</b>	
Michele Tart	Child Support Enforcement
Dean Simpson, David Locklear	Food And Nutrition Services
Kevin Kelley, Beverly Daniel	Family Support/Child Welfare Services Work First
Marina Chatoo	Community Based Programs
<b>Contract Administrators</b>	
Marina Chatoo	Work First/After School Programs for At Risk Students
Susan King	Family Violence Prevention
Sue Bell	Promoting Safe and Stable Families
Marina Chatoo	Promoting Safe and Stable Families
Gail McClain	Child Protective Services-CPS/Child Welfare Collaborative
<b>Program Coordinators</b>	
Amelia Lance	Adoption/Special Children's Adoption Fund
Tina Bumgarner	State Maternity Fund
<b>Program Compliance Monitors</b>	
Staff Person	Area of Responsibility
Deborah Jones	SSBG for Children-Adoption, Child Protective Services CPS, Foster Care Services, Foster Care Services/NC LINKS, At Risk Case Management
Gloria Duncan	SSBG for Children-Adoption, Child Protective Services CPS, Foster Care Services, Foster Care Services/NC LINKS, At Risk Case Management
Barbara Strickland	Work First
Denise Knight	Work First
Gail Andersen	Refugee Assistance
Lula Crenshaw	Food and Nutrition Services, Low Income Energy Assistance, Food and Nutrition Education Training
Gerald Hinson	Food and Nutrition Services, Low Income Energy Assistance, Food and Nutrition Education Training
Kathy Evans	Food and Nutrition Services/Employment and Training
David Prince	Food and Nutrition Services/Employment and Training
Parena Fonville	Child Support Enforcement
Teresa Allison	Child Support Enforcement
Kenya Newsome	Child Support Enforcement
John Holcombe	Child Support Enforcement
Staff Person	Area of Responsibility
Sally McDonald	Child Support Enforcement

Carole Allen	Child Support Enforcement
Alice McCoy	Child Support Enforcement
Brenda Jackson	Child Support Enforcement
Judy Jedrey	Child Support Enforcement
Rick Stang	Child Support Enforcement
Austin Keating III	Child Support Enforcement
<b>Support Staff</b>	
Pam Johnson	Family Services/Child Welfare Services Work First, NC LINKS
Carol Ray	Child Support Enforcement
<b>Budget Office</b>	
Sarah Barham	NCDSS Budget Officer
Kathy Sommese	Compliance Supplements
James Clark	Coordinates Division Response to Single Audit Findings
<b>Program Compliance</b>	
Jane Smith	Program Management Data Base
Joe Slaton	Division Contracts Administrator
<b>Local Business Liaisons</b>	
Phil Lasister	-Self Assessment of Internal Controls Survey for county grant subrecipients. -Recoupment of Questioned costs
Karen Calhoun	See Above
Dana Sisk	See Above
Hugh Cole	See Above
Judy Hopkins	See Above
Maggie Holley	See Above
Sandra Wilson	See Above
Pat Adcock	See Above

-Program Compliance-As a function of its ongoing responsibilities, the program Compliance section reviews and approves all contracts, provide daily technical assistance, enter financial information into NCAS, update the DSS and DHHS Contracts databases, assist in drafting contracts to ensure appropriate levels of performance expectations, sort and forward contracts to the appropriate places for review, approval and signature, etc.

The Division's contract administrators are responsible for working with the vendor to develop the contracts, monitoring the contracts, receiving any reports or deliverables, reviewing and approving invoices/expenditure reports, getting them to the Controller's Office, etc.

-The Budget Office is responsible for calculating budget projections for all programs/services in the Program Management Database.

-The Lead Monitor is the Liaison between Lead Monitoring Coordinator and Program Compliance Monitors

-Develops Compliance Review Criteria for Program(s) Administered

-Review and Follow-Up on Plans of Correction;

-Provide Lead Monitoring Coordinator with Documentation of Monitoring Activities

#### Program Compliance Monitor

- Monitor activities of the subrecipient to ensure that funds are used for authorized purposes in compliance with the laws, regulations, and the provisions of the grant or agreement
- Posts monitoring results on the NCDHHS website

#### Program Administrator/Contract Administrator/Program Representatives

- Monitor activities of the subrecipient to ensure that funds are used for authorized purposes in compliance with the laws, regulations, and the provisions of the grant or agreement
- Post monitoring results on the NCDHHS website
- Provide Technical Assistance to Subrecipients in Addressing Areas of Risk

#### Local Business Liaison

- Review Self Assessment Surveys
- Complete Self Assessment Review Summary
- Review questioned costs for recoupment
- Fiscal monitoring

### **Description of Subrecipients and the Programs/Services Funded**

NCDSS receives funds from several federal and state programs and, in turn, issue funding authorizations to 100 county governments and also contracts with a number of public, non-profit, for profit, and private agencies and organizations. These agencies provide a variety of services for NCDSS ranging from direct services and support to advocacy and training. Financial assistance awards support such activities as crisis/emergency services and services to specific target populations. These services are funded by a variety of federal grants and state appropriations. The Social Services Block Grant, Temporary Assistance to Needy Families, Food Stamp Administration is the major sources of funding for NCDSS services. Program subrecipient data has been loaded into the DHHS Program Monitoring System for financial assistance contracts and for the 100 counties which receive funding for financial assistance programs from NCDSS. The spreadsheet in Attachment C provides an overview of the different funding sources for NCDSS financial assistance contracts. Attachment C gives an overview of the state and federal programs of which NCDSS is the pass-through entity including the amount of funding from each source.

### **Core Areas to be monitored \***

The OMB Circular A-133 specifies fourteen (14) areas of compliance monitoring. North Carolina has an additional requirement that requires policies prohibiting conflict of interest be reviewed for non-profit subrecipients. Depending on the program and type of funding, all 14 core areas may **not** be applicable to the funding source.

The core areas of compliance monitoring involve fiscal monitoring (i.e., review of financial statements and audit findings and internal controls) and program monitoring (i.e., determination of whether the eligibility criteria were met or review of the scope of work to see if the objectives of the contract have been met). Following is a brief description of each of the core areas:\*

*CC: Crosscutting Requirements:* These are supplements written by state agencies to detail in one location the common compliance requirements that span across several programs.

*A/1: Activities Allowed or Unallowed:* This requirement refers to specific activities identified in the grant agreement, contract, allocation, letters, policy manuals and state or federal regulations that are allowed or that may be unallowed. The purpose of this requirement is to provide reasonable assurance that State and Federal funds are used for the intended purposes.

*B/2: Allowable Costs/Cost Principles:* This requirement seeks to assure that the costs paid to the contractor are reasonable and necessary for the operation and administration of the program and that the subrecipient uses an acceptable method of allocating costs, including indirect costs.

*C/3: Cash Management:* This requirement is only applicable if the contractor receives an advance of funds from NCDSS of more than 60 days from when the funds would ordinarily be disbursed. In accordance with the DHHS Cash Management Policy, the Controller's Office is responsible for reviewing the cash needs of subrecipients that receive advances every three months to determine whether or not the advance represents more than a 60-day cash requirement.

*D: Davis-Bacon Act:* This requirement is not applicable to DHHS subrecipients. It is a federal law that applies to contractors with contracts for more than \$2,000 financed by federal dollars where laborers and mechanics are employed.

*E/5: Eligibility:* This requirement ensures that only those individuals and organizations that meet the eligibility requirements for receiving services or financial assistance from the program participate in the program. The eligibility requirement for an individual diagnosis, risk factors, medical necessity criteria, income, etc. Similarly, an organization may qualify to participate in a program based on the extent to which the type of program and the mission of the organization are consistent with the requirements of the funding source.

*F/6: Equipment and Real Property Management:* This requirement refers to tangible property that has a useful life of more than one year and costs more than \$5,000. Such equipment may only be purchased per the conditions of the approved contract or grant agreement.

*G/7: Matching, Level of Effort, Earmarking:* These requirements are specifically addressed in the grant documents, allocation letters, contracts and state or federal regulations.

- *Matching* refers to the specific amount or percentage of funds the subrecipient is required to match the state or federal grant. The matching portion must be verifiable in the accounting records, incurred during the period of the award, must not be used to meet the match of another program, allowable under cost principles and derived from non-federal or non-state funds unless specifically authorized.
- *Level of Effort* refers to the specific level of service that must be provided (e.g., the number of clients the subrecipient must serve) or a specified level of service (e.g., maintenance of effort) or the requirement that federal or state funds may only be used to supplement the non-state or non-federal funding of the service.
- *Earmarking* refers to the requirement that an amount or percentage of a program's funding must be used for specific activities.

*H/8: Period of Availability of Federal Funds:* This requirement refers to the time period authorized for state and federal funds to be expended. State funds are authorized for the fiscal year (July 1 – June 30); however, NCDSS may allow a subrecipient to carry forward unexpended funds into the next fiscal year. Most federal funds allow additional time after the end of the grant period for obligations incurred during the grant period to be paid.



*I/9: Procurement and Suspension and Debarment:* This requirement assures that the subrecipient follows the state and federal policies and procedures for procurement, that the subrecipient has not been suspended or disbarred from receiving funding from the state or federal government, and that the subrecipient does not use federal funds to purchase goods or services costing more than \$100,000 from a vendor that has been disbarred by the federal or state government..

*J/10: Program Income:* The purpose of this requirement is to assure that program income is being used appropriately. This requirement refers to the gross income received by the subrecipient on activities, services or goods purchased with state or federal funds. Program income may be used to provide matching funds when approved by the state or federal agency.

*K/11: Real Property Acquisition and Relocation Assistance:* This requirement does not apply to DHHS.

*L/12: Reporting:* Contract administrators are required to monitor the financial, performance and special reporting of the subrecipient in order to provide assurance that funds are being managed efficiently and effectively to accomplish the objectives of the program as specified in the compliance supplement, applicable laws and regulations, and contract or grant agreements.

*M/13: Subrecipient Monitoring:* Program Monitors/Contract administrators /Program coordinators are required to provide assurance that any NCDSS subrecipient that subcontracts with another agency monitors the agency with which the subrecipient subcontracts as specified in the compliance supplement for the funding source.

*N/14: Special Tests and Provisions:* Program Monitors/Contract administrators/Program coordinators must provide assurance that all special requirements found in the laws, regulations, or the provisions of the contract or grant agreement are monitored appropriately. Such special tests and provisions may relate to fiscal and/or programmatic requirements or may include actions that were agreed to as part of the audit resolution of prior audit findings or in corrective action plans identified as a result of monitoring reviews.

*15: Conflict of Interest:* This requirement applies to any private, non-profit entity eligible to receive state funds, either by General Assembly appropriation, or by grant, loan or other allocation from a State agency (S.L. 1993-321, Section 16 of the Appropriations Act). An agency official is required to sign a notarized copy of the policy before a contract is executed. Copies of the organization's attestation to the Conflict of Interest Policy is kept by the Program Compliance section in the organization's file. The Division's Conflict of Interest Policy for Private Not-for Profit Agencies can be found in Attachment X.

The applicable compliance requirements for a funding source are outlined in the compliance supplement for the specific federal or state program. In cases where a program is funded by multiple funding sources, the funding source with the most stringent requirements would be the criteria used to monitor the program. The compliance supplement identifies those core areas which at a minimum must be monitored. Monitors are not precluded from looking at additional areas as long as the minimum core areas are also examined. (See Attachment B for an overview of compliance requirements for each program for which NCDSS is the pass-through entity). Monitoring the compliance requirements helps to fulfill part of the intent of the Federal Financial Assistance Management Improvement Act of 1999 (i.e., to improve the effectiveness and performance of federal financial assistance programs).

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*\*Note: With the exception of the Davis-Bacon Act (D) and the Conflict of Interest (15) requirement, the federal and state requirements are the same. The alphabetic code denotes how the federal requirement is referenced. The numeric code is the corresponding state code for that core area.*

## Timeline for Completion of SFY08-09 Subrecipient Monitoring Activities

Dates	Activity	Responsible Staff
July 1, 2008-August 15, 2009	Entering Monitoring Reports in Monitoring System	Program compliance monitors, Program Coordinators, Contract Administrators
April 10, 2009-May 29, 2009	Revising/Updating Monitoring plans	Kevin Kelley, Beverly Daniel, David Locklear, Michele Tart, Marina Chatoo, Lee Quick, Neil Walters
May 15, 2009-August 15, 2009	Summary of all Monitoring results compiled and sent to all counties	Lee Quick, Neil Walters, James Clark
May 2009	DHHS Monitoring Database Training	Lee Quick, Don McLamb
June 2009	Subrecipient Monitor Training	Lee Quick
June 2009	Updating Monitoring Plan on Division's Monitoring Website	Lee Quick, Pam Johnson
July, 1, 2008-May 15, 2009	Completing Subrecipient Monitoring/	Program compliance monitors, Program Coordinators, Contract Administrators
June 30, 2009-August 15, 2009	Enter Year-End Reports in Monitoring System	Program Compliance monitors, Program Coordinators, Contract Administrators

### References

Executive Order 12689 – Debarment and Suspension, 54 Federal Register 34131, August 18, 1989.

Federal Financial Assistance Management Improvement Act of 1999, Public Law 106-107, January 20, 1999.

§ NC General Statutes Chapter 143 Article 1 – Executive Budget Act, Section 6.2 Report on Use of State Funds by Non-State Entities.

NC DHHS Contract System

NC DHHS Division of f Social Services, Plan for Monitoring Subrecipients, Revised December 2006

NC DHHS Policy and Procedure Manual, Chapter IV: General Administration, “Monitoring of Programs,” Effective Date: July 1, 2000; Revised, August 1, 2002.

NC DHHS Subrecipient Monitoring Manual: A Guide to Assist Divisions in Developing Monitoring Plans, Office of the Controller, December 1, 2002.

NC NCDSS Contracts Manual.

NC Department of State Treasurer, 2006 State Compliance Supplement, April 2006.

NC General Assembly, 1993 Session Law, Chapter 321 (Senate Bill 27), Section 16 of the Appropriations Act: State Money Recipients/Conflict of Interest Policy.

Office of Management and Budget Circular A-133, Audits of States, Local Governments and Nonprofit Organizations.

## Monitoring Plan Requirements

Each Section shall develop and maintain a monitoring plan for all financial assistance subrecipients in accordance with DHHS Policy. This plan shall be the basis for monitoring program and fiscal compliance with State and Federal requirements. The primary objective of the monitoring plan(s) is to ensure that subrecipients are complying with applicable rules and regulations and that the program(s) are accomplishing their intended purpose(s). At a minimum each plan shall include:

1. A list and description of all subrecipients to be monitored (this includes programs funded with state, federal, and/or private dollars).
2. Identification of the type of subrecipients (not-for-profit, governmental organization, public authority, for-profit) and the type and amount of funding (segregated between Federal, State and other funding wherever possible).
3. Identification of specific monitoring activities to be performed, including review of: contracts, internal controls on the disbursement of funds, (review of Self Assessment Summary) and eligibility of subrecipients, financial and programmatic reports, single audit findings, limited audit engagements.
4. The criteria to be used to complete an assessment of the risk of the subrecipients' ability to meet the objectives of the program and to comply with the program rules and regulations, and meet the financial management requirements. These criteria may include the size of the award, the complexity of the program, prior experience with the Subrecipient, the cost-effectiveness of monitoring evaluations, past experience with paybacks, multiple funding sources, commingling of funds, and changes in management.
5. Procedures consistent with the assessment of risk for each subrecipient. These procedures may include: increasing/decreasing the frequency of review, expanding the sample for review, conducting desk audits, etc. Procedures must include written notification informing subrecipients of the results of the monitoring.
6. Process for reviewing previously identified deficiencies to determine if corrective action was taken.
7. Regular review of and input into the DHHS monitoring website to determine whether previous issues have been resolved, that data is current, and for coordination of on-site monitoring visits.
8. Specific procedures that will address relevant compliance requirements for each type of funding. The following requirements have been identified in the compliance supplements (See Attachment B for further clarification):

- A. Activities Allowed or Unallowed;
  - B. Allowable Cost/Cost Principles;
  - C. Cash Management;
  - D. Davis-Bacon Act;
  - E. Eligibility;
  - F. Equipment and Real Property Management;
  - G. Matching, Level of Effort, Earmarking;
  - H. Period of Availability of Federal Funds;
  - I. Procurement, and Suspension and Debarment;
  - J. Program Income;
  - K. Real Property Acquisition and Relation Assistance;
  - L. Reporting;
  - M. Subrecipient Monitoring; and
  - N. Special Tests and Provisions.
9. Process for assessing Conflict of Interest policies.
10. Designated staff responsible for required monitoring activities, designated staff responsible for maintaining monitoring documentation, designated staff responsible for updating DHHS Monitoring Database and designated staff responsible for follow-up procedures.

**List of 100 County Departments of Social Services by County Level**

**COUNTY LEVEL I**

Alexander	Gates	Pamlico
Alleghany	Graham	Pasquotank
Anson	Granville	Pender
Ashe	Greene	Perquimans
Avery	Hertford	Person
Bertie	Hoke	Polk
Bladen	Hyde	Richmond
Camden	Jackson	Stanly
Caswell	Jones	Stokes
Chatham	Lee	Swain
Cherokee	Macon	Transylvania
Chowan	Madison	Tyrrell
Clay	Martin	Warren
Currituck	McDowell	Washington
Dare	Mitchell	Watauga
Davie	Montgomery	Yadkin
Franklin	Northhampton	Yancey

**COUNTY LEVEL II**

Alamance	Halifax	Randolph
Beaufort	Harnett	Robeson
Brunswick	Haywood	Rockingham
Burke	Henderson	Rowan
Cabarrus	Iredell	Rutherford
Caldwell	Johnston	Sampson
Carteret	Lenoir	Scotland
Cleveland	Lincoln	Surry
Columbus	Moore	Union
Craven	Nash	Vance
Davidson	Onslow	Wayne
Duplin	Orange	Wilkes
Edgecombe	Pitt	Wilson

**COUNTY LEVEL III**

Buncombe	Durham	Guilford
Catawba	Forsyth	Mecklenburg
Cumberland	Gaston	New Hanover
	Wake	

**Attachment C**

Supplement Number ( <a href="#">Note A</a> )	State Project/Program	State Sub granting Agency	Types of Compliance Requirements ( <a href="#">Note B</a> )															
			CC	A	B	C	D	E	F	G	H	I	J	K	L	M	N	
<a href="#">10.551-CL</a>	Food Stamp Program State Administrative Matching Grants for Food Stamp Program	<a href="#">DHHS-DSS</a>	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	-	-			
<a href="#">93.556</a>	Community Based Programs	<a href="#">DHHS-DSS</a>	Y	Y	Y	Y	-	Y	Y	Y	Y	Y	Y	-	-	Y	Y	Y
<a href="#">93.558-3</a>	Work First Program	<a href="#">DHHS-DSS</a>	Y	Y	Y	Y	-	Y	Y	Y	Y	Y	Y	Y	-	Y	Y	Y
<a href="#">93.558-8</a>	After School Programs For at Risk Students	<a href="#">DHHS-DSS</a>	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
<a href="#">93.563</a>	NC Child Support Enforcement Section	<a href="#">DHHS-DSS</a>	Y	Y	Y	Y	-	Y	Y	Y	Y	Y	Y	Y	-	Y	Y	Y
<a href="#">93.566-3</a>	Refugee Assistance Program - Social Services	<a href="#">DHHS-DSS</a>	Y	Y	Y	Y	-	Y	-	-	Y	Y	-	-	Y	-	-	
<a href="#">93.568-2</a>	Low-Income Energy Assistance	<a href="#">DHHS-DSS</a>	Y	Y	Y	Y	-	Y	-	Y	Y	Y	-	-	Y	Y	Y	
<a href="#">93.568-3</a>	Crisis Intervention Program	<a href="#">DHHS-DSS</a>	Y	Y	Y	Y	-	Y	-	Y	Y	Y	-	-	Y	Y	Y	
<a href="#">93.576-5</a>	Refugee Assistance Program - discretionary Targeted Assistance	<a href="#">DHHS-DSS</a>	Y	Y	Y	-	-	Y	-	-	Y	-	-	-	Y	-	-	

Attachment C

<a href="#">93.584</a>	Refugee Assistance Program - Targeted Assistance Formula	<a href="#">DHHS-DSS</a>	Y	Y	Y	-	-	Y	-	-	Y	-	-	-	Y	-	-
<a href="#">93.597</a>	NC Access and Visitation Program	<a href="#">DHHS-DSS</a>	Y	Y	Y	Y	-	Y	Y	Y	Y	Y	Y	-	Y	-	-
<a href="#">93.599</a>	NC LINKS-Education Training Vouchers	<a href="#">DHHS-DSS</a>	Y	Y	Y	-	-	Y	-	Y	Y	Y	-	-	Y	Y	
<a href="#">93.645-1</a>	State Maternity Home Fund	<a href="#">DHHS-DSS</a>	Y	Y	Y	-	-	Y	-	Y	-	-	-	-	Y	-	-
<a href="#">93.645-3</a>	Adoption Assistance Program IV-B	<a href="#">DHHS-DSS</a>	Y	Y	Y	Y	-	Y	Y	Y	Y	Y	-	-	Y	-	-
<a href="#">93.658-4CL</a>	Foster Care and Adoption Programs	<a href="#">DHHS-DSS</a>	Y	Y	Y	Y	-	Y	Y	Y	Y	Y	-	-	Y	Y	-
<a href="#">93.667-1</a>	Social Services Block Grant	<a href="#">DHHS-DSS</a>	Y	Y	Y	Y	-	Y	-	Y	Y	Y	Y	-	Y	Y	-
<a href="#">93.667-13</a>	TANF Transfer to Social Services Block Grant	<a href="#">DHHS-DSS</a>	Y	Y	Y	Y	-	Y	-	Y	Y	Y	-	-	Y	Y	-
<a href="#">93.669-2</a>	Community Based Family Resource Program	<a href="#">DHHS-DSS</a>	Y	Y	Y	-	-	-	-	-	Y	Y	-	-	-	-	-
<a href="#">93.671</a>	Family Violence Prevention Grant	<a href="#">DHHS-DSS</a>	Y	Y	Y	-	-	-	-	Y	Y	Y	-	-	Y	-	-
<a href="#">93.674</a>	NC Links	<a href="#">DHHS-DSS</a>	Y	Y	Y	-	-	Y	Y	Y	Y	Y	-	-	Y	Y	Y

Supplement Number ( <a href="#">Note A</a> )	State Project/Program	Division If Applicable	Types of Compliance Requirements ( <a href="#">Note B</a> )														
			CC	1	2	3	4	5	6	7	8	9	10	11	$\frac{1}{2}$	13	$\frac{1}{4}$
<a href="#">DHHS-26</a>	Family Preservation Services	<a href="#">DSS</a>	Y	Y	Y	-	-	Y	Y	-	-	-	-	-	Y	-	-
<a href="#">DHHS-28</a>	State Foster Care Benefits Program	<a href="#">DSS</a>	Y	Y	-	-	-	Y	-	Y	-	-	-	-	Y	-	-
<a href="#">DHHS-29</a>	Family Resource Center Grant	<a href="#">DSS</a>	Y	Y	Y	-	-	Y	Y	-	-	-	-	-	Y	Y	-
<a href="#">DHHS-41</a>	Foster Care - At Risk Funds	<a href="#">DSS</a>	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	-	-	Y	-	-
<a href="#">DHHS-45</a>	Special Children Adoption Fund	<a href="#">DSS</a>	Y	Y	Y	Y	-	Y	-	Y	-	-	-	-	Y	-	-



**Types of Compliance Requirements**

CC	Crosscutting Requirements (see Section D)	D	Davis-Bacon Act	H/8	Period of Availability of Federal Funds	L/12	Reporting
A/1	Activities Allowed or Unallowed	E/5	Eligibility	I/9	Procurement and Suspension and Debarment	M/13	Subrecipient Monitoring
B/2	Allowable Costs/Cost Principles	F/6	Equipment and Real Property Management	J/10	Program Income	N/14	Special Tests and Provisions
C/3	Cash Management	G/7	Matching, Level of Effort, Earmarking	K/11	Real Property Acquisition and Relocation Assistance	15	Conflict of Interest

**Notes**

A. The presence of "CL" in the supplement number indicates that the program is a cluster. See the compliance supplement for composition of the cluster.

B. The presence of "Y" on the matrix indicates this type of compliance requirement may apply to the Federal program. The auditor should use Part 3 of Section A and the compliance supplements in Section B in planning and performing the tests of compliance required by state agencies. This is in addition to the requirements, if any, in the Federal Compliance Supplement reproduced in Section A.

The presence of a dash (-) indicates the program normally does not have activity subject to this type of compliance requirement. Auditors should determine the compliance requirements applicable to the program. The auditor is responsible for reviewing applicable laws, regulations, contract and grant agreements, notifications from awarding agencies and any other applicable documentation in order to determine compliance requirements which could have a direct and material effect on major programs.

**Short Forms**

Food Stamp Employment and Training	<a href="#">DSS</a>	10.561	<a href="#">Short-Form-32</a>
Food Stamp Workfare Program	<a href="#">DSS</a>	10.561	<a href="#">Short-Form-33</a>
NC TANF/Domestic Violence Direct Services to Clients	<a href="#">DSS</a>	State	<a href="#">Short-Form-153</a>
Special Children Adoption Incentive Fund	<a href="#">DSS</a>	State	<a href="#">Short-Form-131</a>

DIVISION OF SOCIAL SERVICES  
Subrecipient Self-Assessment of Internal Controls and Risks

Subrecipient Name XXXX County Department of Social Services Date  
Prepared MM/DD/YYYY

*Answer "Yes" if activity in question is performed by another county agency, i.e., County Finance office or the County Manager's office. Each "No" answer indicates a potential weakness of internal fiscal controls. All "No" answers require an explanation of mitigating controls or a note of planned changes.*

## **I. CONTROL ENVIRONMENT**

### **A. Management's Philosophy and Operating Style**

Yes N/A No

- |  |  |
|--|--|
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 1. Are periodic (monthly, quarterly) reports on the status of actual to budgeted performance prepared and reviewed by top management?<br>..... |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 2. Are unusual variances between budgeted revenues and expenditures and actual expenditures and revenues examined?<br>.....                    |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 3. Is the internal control structure supervised and reviewed by management to determine if it is operating as intended?<br>.....               |

### **B. Organizational Structure**

- |  |  |
|--|--|
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 4. Is there a current organizational chart defining the lines of responsibility?<br>.....        |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 5. Has all management staff been sufficiently trained to perform their assigned duties?<br>..... |

### **C. Assignment of Authority and Responsibility**

- |  |  |
|--|--|
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 6. Are sufficient training opportunities to improve competency and update employees on Program, Fiscal and Personnel policies and procedures available?<br>..... |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 7. Have managers been provided with clear goals and direction from the governing body or top management?<br>.....  |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 8. Is program information issued by the Division of Social Services and other State and Federal agencies distributed to appropriate staff?<br>.....              |

**II. HUMAN RESOURCES****A. Control Activities / Information and Communication:**Yes N/A No

- ☐ ☐ ☐ 1. Are personnel policies in writing? (Can be agency, county or `state)  
.....
- ☐ ☐ ☐ 2. Are personnel files maintained for all employees?  
.....
- ☐ ☐ ☐ 3. Are payroll costs accurately charged to federal and state grants using time spent in each program?  
.....
- ☐ ☐ ☐ 4. Are accurate, up-to-date-position descriptions available?  
.....
- ☐ ☐ ☐ 5. Do all supervisors and managers have at least a working knowledge of personnel policies and procedures?  
.....
- ☐ ☐ ☐ 6. Does each supervisor and manager have a copy or access to a copy of personnel policies and procedures?  
.....
- ☐ ☐ ☐ 7. Does management ensure compliance with the agency's personnel policies and procedures manual concerning hiring, training, promoting, and compensating employees?  
.....
- ☐ ☐ ☐ 8. Are the following duties generally performed by different people?  
☐ ☐ ☐ a. Processing personnel action forms and processing payrolls?  
☐ ☐ ☐ b. Supervising and timekeeping, payroll processing, disbursing, and making general ledger entries?  
☐ ☐ ☐ c. Personnel and:  
☐ ☐ ☐ 1) Approving time reports?  
☐ ☐ ☐ 2) Payroll preparation?  
☐ ☐ ☐ d. Recording the payroll in the general ledger and the payroll processing function?  
Comments: (8a-d) .....
- ☐ ☐ ☐ 9. Is access to payroll/personnel files limited to authorized individuals?  
.....
- ☐ ☐ ☐ 10. Are procedures in place to ensure that all keys, equipment, credit cards, cell phones, pagers, etc. are returned by the terminating employee?  
.....
- ☐ ☐ ☐ 11. Is information on employment applications verified and are references contacted?  
.....

## III. ACCOUNTS PAYABLE

**A. Control Activities / Information and Communication:**Yes N/A No

- ☐ ☐ ☐ 1. Has the agency established procedures to ensure that all voided checks are properly accounted for and effectively canceled?  
.....
- ☐ ☐ ☐ 2. Do invoice-processing procedures provide for:
- ☐ ☐ ☐ a. Obtaining copies of requisitions, purchase orders and receiving reports?
- ☐ ☐ ☐ b. Comparison of invoice quantities, prices, and terms with those indicated on the purchase order?
- ☐ ☐ ☐ c. Comparison of invoice quantities with those indicated on the receiving reports?
- ☐ ☐ ☐ d. As appropriate, checking accuracy of calculations?
- ☐ ☐ ☐ e. Alteration/mutilation of extra copies of invoices to prevent duplicate payments?
- ☐ ☐ ☐ f. All file copies of invoices are stamped paid to prevent duplicate payments?  
Comments: (2a-f) .....
- ☐ ☐ ☐ 3. Are payments made only on the basis of original invoices and to suppliers identified on supporting documentation?  
.....
- ☐ ☐ ☐ 4. Is the accounting and purchasing departments promptly notified of returned purchases, and are such purchases correlated with vendor credit memos?  
.....
- ☐ ☐ ☐ 5. Are monthly reconciliation's performed on the following:
- ☐ ☐ ☐ a. All petty cash accounts?
- ☐ ☐ ☐ b. All bank accounts? i.e. .Trust Accounts, GA accounts etc.  
Comments: (5a-b) .....
- ☐ ☐ ☐ 6. Are the following duties generally performed by different people?
- ☐ ☐ ☐ a. Requisitioning, purchasing, and receiving functions and the invoice processing, accounts payable, and general ledger functions?
- ☐ ☐ ☐ b. Purchasing, requisitioning and receiving?
- ☐ ☐ ☐ c. Invoice processing and making entries to the general ledger?
- ☐ ☐ ☐ d. Preparation of cash disbursements, approval of them, and making entries to the general ledger?
- ☐ ☐ ☐ e. Making detail cash disbursement entries and entries to the general ledger?  
Comments: (6a-e) .....
- ☐ ☐ ☐ 7. Is check signing limited to only authorized personnel?  
.....
- ☐ ☐ ☐ 8. Are disbursements approved for payment only by properly designated officials?  
.....

- ☐ ☐ ☐ 9. Is the individual responsible for approval or check signing furnished with invoices and supporting data to be reviewed prior to approval or check-signing?  
.....
- ☐ ☐ ☐ 10. Are unused checks adequately controlled and safeguarded?  
.....
- ☐ ☐ ☐ 11. Is it prohibited to sign blank checks in advance?  
.....
- ☐ ☐ ☐ 12. Is it prohibited to make checks out to the order of "cash"?  
.....
- ☐ ☐ ☐ 13. If facsimile signatures are used, are the signature plates adequately controlled and separated physically from blank checks?  
.....
- ☐ ☐ ☐ 14. Are purchase orders prenumbered and issued in sequence?  
.....
- ☐ ☐ ☐ 15. Are changes to contracts or purchase orders subject to the same controls and approvals as the original agreement?  
.....
- ☐ ☐ ☐ 16. Are all records, checks and supporting documents retained according to the applicable (state or federal) record retention policy?  
.....

#### IV. COMPLIANCE SUPPLEMENT ELEMENTS

##### A/1: ACTIVITIES ALLOWED OR UNALLOWED

Each federal and State program has specific activities that are allowed or that may be unallowed. An example of a common unallowable activity under State or federal programs would be payments for lobbying activities designed to influence State or federal legislation. Activities allowed or unallowed from each funding source are identified in grant documents, allocation letters, contracts and State and federal legislation.

##### Control Activities / Information and Communication:

Yes N/A No

- ☐ ☐ ☐ 1. Before expenditures are made, does someone check that funds used for that service are allowable?  
.....
- ☐ ☐ ☐ 2. Are expenditure/ reimbursement reports reviewed to ensure adherence to funding limits?  
.....

##### B/2: ALLOWABLE COSTS/COST PRINCIPLES

All costs charged to State or federal funds must be reasonable and necessary for the operation and administration of the programs for which funding is received. Some funding sources limit the amount of funding available for administration.

**Control Activities / Information and Communication:**Yes N/A No

- ☐ ☐ ☐ 1. Does the agency have an approved indirect cost plan to allocate cost between federal programs or between federal and state programs?  
.....
- ☐ ☐ ☐ 2. Has the approved plan been submitted to the Controller's office?  
.....
- ☐ ☐ ☐ 3. Are systems or other means established to prevent overpayments or payments to unauthorized subrecipients or individuals?
- ☐ ☐ ☐ 4. Are contract payments reconciled to the general ledger monthly?  
.....
- ☐ ☐ ☐ 5. Are payments to subrecipients required to be supported by a properly authorized request for reimbursement or request for an advance from the subrecipient?  
.....
- ☐ ☐ ☐ 6. Are expenditures to state or federal programs reviewed and approved by a person with approval authority?  
.....
- ☐ ☐ ☐ 7. Are personnel responsible for coding expenditures to state or federal programs properly trained to determine expenditures which are allowable and allocable to the federal programs?  
.....
- ☐ ☐ ☐ 8. Is the method of allocating cost understood by persons responsible for coding expenditures to state or federal programs?  
.....
- ☐ ☐ ☐ 9. Are comparisons made between prior year allowable services and current year allowable services?  
.....

**C/3: CASH MANAGEMENT****Control Activities / Information and Communication:**Yes N/A No

- ☐ ☐ ☐ 1. Are requests for reimbursements (1571's) based on actual cash basis?  
.....
- ☐ ☐ ☐ 2. Are reimbursements to subrecipients/contractors of agency compared to contracts or agreements periodically?  
.....
- ☐ ☐ ☐ 3. Are reimbursements to sub recipients/contractors of the agency deferred until after the related expenditure is incurred?  
.....
- ☐ ☐ ☐ 4. Are the following duties generally performed by different people?  
.....
- ☐ ☐ ☐ a. Preparing the Request for Reimbursement (1571)?  
.....

☐ ☐ ☐

b. Reviewing and approving the Request for Reimbursement (1571)?  
 .....

**D: DAVIS-BACON ACT: This requirement is not applicable to DHHS subrecipients**

**E/5: ELIGIBILITY**

**Control Activities / Information and Communication:**

Yes N/A No

☐ ☐ ☐

1. Is there an up to date manual available to staff performing eligibility functions?  
 .....

☐ ☐ ☐

2. Are staff performing eligibility functions adequately trained?  
 .....

☐ ☐ ☐

3. Are client records periodically updated and reviewed to determine continued eligibility?  
 .....

**F/6: EQUIPMENT AND REAL PROPERTY MANAGEMENT**

**Control Activities / Information and Communication:**

Yes N/A No

☐ ☐ ☐

1. Are fixed asset records maintained that adequately classify and identify individual items, as well as detailing their location?  
 .....

☐ ☐ ☐

2. If there are any missing assets, is a missing asset form completed?  
 .....

☐ ☐ ☐

3. Does the individual responsible for fixed assets perform the following:

☐ ☐ ☐

a. Attach fixed asset tags?

☐ ☐ ☐

b. Track when assets are received?

☐ ☐ ☐

c. Track when assets are donated?

☐ ☐ ☐

d. Track when asset location changes are made?

☐ ☐ ☐

e. Track when assets are sold?

☐ ☐ ☐

f. Track when assets are stolen or vandalized?

g. Track when assets are reassigned to a different organizational entity or to another agency? Comments: (3a-g)  
 .....

☐ ☐ ☐

4. Are all disposals of property approved by a designated person with proper authority? .....

☐ ☐ ☐

5. Has agency management chosen and documented the threshold level for capitalization in an Internal Policy/Procedure Book?  
 .....

☐ ☐ ☐

6. Is someone assigned custodial responsibility by location for all assets?  
 .....



Yes N/A No

- ☐ ☐ ☐ 7. Is access to the perpetual fixed asset records limited to authorized individuals?  
.....
- ☐ ☐ ☐ 8. Is there adequate physical security surrounding the fixed asset items?  
.....
- ☐ ☐ ☐ 9. Is there adequate insurance coverage of the fixed asset items?  
.....
- ☐ ☐ ☐ 10. Is insurance coverage independently reviewed periodically?  
.....
- ☐ ☐ ☐ 11. Is a fixed asset inventory taken annually?  
.....
- ☐ ☐ ☐ 12. Are missing items investigated and reasons for them documented?  
.....

**G/7: MATCHING, LEVEL OF EFFORT, OR EARMARKING****Control Activities / Information and Communication:**Yes N/A No

- ☐ ☐ ☐ 1. Is appropriate action taken when matching or level of effort requirements are not being met as scheduled?  
.....
- ☐ ☐ ☐ 2. Are matching or level of effort requirements budgeted for state or federal financial assistance programs?  
.....
- ☐ ☐ ☐ 3. Are "in-kind" contributions and volunteer services properly documented?  
.....

**H/8: PERIOD OF AVAILABILITY OF FEDERAL FUNDS****Control Activities / Information and Communication:**Yes N/A No

- ☐ ☐ ☐ 1. Does the accounting system prevent obligation or expenditure of State or Federal funds outside the availability period?  
.....
- ☐ ☐ ☐ 2. Is staff knowledgeable of grant cut-off dates?  
.....
- ☐ ☐ ☐ 3. Are unliquidated commitments cancelled at the end of the period of availability?  
.....

**I/9: PROCUREMENT AND SUSPENSION AND DEBARMENT**

Non-Federal entities are prohibited from contracting with or making subawards under covered transactions to parties that are suspended or debarred or whose principals are suspended or debarred. Covered transactions include procurement contracts for goods or services equal to or

in excess of \$100,000 and all non-procurement transactions. <http://www.epls.gov/> This website is provided by General Services Administration (GSA) for the purpose of disseminating information on parties that are excluded from receiving Federal contracts, certain subcontracts, and certain Federal financial and nonfinancial assistance and benefits.

### Control Activities / Information and Communication:

Yes N/A No

- |                          |                          |                          |   |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Is there established segregation of duties between employees responsible for contracting; accounts payable and cash disbursing?<br>.....   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Is the contractor's performance including the terms, conditions, and specifications of the contract monitored and documented?<br>.....   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Do supervisors review procurement and contracting decisions for compliance with State and Federal procurement policies?<br>.....   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Are procedures established to verify that vendors providing goods and services under the award have not been suspended or debarred by the State or Federal Government?<br>.....  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Are there written policies for the procurement and contracts establishing:   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | a. contract files,  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b. methods of procurement,  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | c. contractor rejection or selection,   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d. basis of contract price,   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | e. verification of full and open competition,   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | f. requirements for cost or price analysis,   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | g. obtaining and reacting to suspension and debarment certifications,   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | h. other applicable requirements for Federal procurement,   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | i. conflict of interest.  |
|                          |                          |                          | Comments: (5a-i.) .....   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Is there written policy addressing suspension and debarments of contractors?<br>.....  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Is there a system in place to assure that procurement documentation is retained for the time period required by the A-102 Common Rule, OMB Circular A-110, award agreements, contracts, program regulations, and Social Services Record Retention schedule?<br>..... |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Are there proper channels for communicating suspected procurement and contracting improprieties?<br>.....  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Does management perform periodic review of procurement and contracting activities to determine whether policies and procedures are being followed?<br>.....  |

**J/10: PROGRAM INCOME****Control Activities / Information and Communication:**Yes N/A No

- ☐ ☐ ☐ 1. Are collection policies and procedures clearly documented and communicated to personnel responsible for program income?  
.....
- ☐ ☐ ☐ 2. Are policies and procedures in place to ensure program income is deposited in the bank and reported as collected?  
.....
- ☐ ☐ ☐ 3. Are there policies and procedures to provide for the correct use of program income as directed by State or Federal program requirements?  
.....
- ☐ ☐ ☐ 4. Does the accounting system properly identify program income?  
.....
- ☐ ☐ ☐ 5. Are there proper channels for communicating suspected improprieties in the collection or use of program income?  
.....
- ☐ ☐ ☐ 6. Does management compare actual program income to budget and investigate differences? .....

**K/11: REAL PROPERTY ACQUISITION AND RELOCATION ASSISTANCE:**

This requirement does not apply to DHHS.

**L/12: REPORTING**

Through periodic reporting subrecipients provide some assurance that funds are being managed efficiently and effectively to accomplish the objectives for which the funds were provided. State and federal program requirements call for a variety of financial, performance and special reporting.

**Control Activities / Information and Communication:**Yes N/A No

- ☐ ☐ ☐ 1. Are personnel responsible for submitting required reporting information adequately trained? .....
- ☐ ☐ ☐ 2. Is the DSS-1571 submitted to the Department of Health and Human Services Office of the Controller by the twentieth calendar day of the month? (or the first workday after if the twentieth is a non-business day). .....
- ☐ ☐ ☐ 3. Does the agency comply with proper record retention schedules issued by the N. C. Department of Cultural Resources, Division of Archives and History entitled "Records Retention and Disposition Schedule" for the Department of Social Services and DHHS Policy contained in the current revision of the following letters from the Office of the Controller "Records Retention And Disposition Schedule Memorandum and "Records Retention And Disposition Schedule Spreadsheet"? .....

## Attachment D

- ☐ ☐ ☐ 4. Are salaries paid at the approved rate in accordance with the county pay plan?  
.....
- ☐ ☐ ☐ 5. Are salaries for all county DSS employees reported on the DSS-1571.  
.....
- ☐ ☐ ☐ 6. Are fringe benefits claimed at the authorized rate?  
.....
- ☐ ☐ ☐ 7. Are Day sheets maintained by all staff having direct client contact when mandated and performing client-related activities in more than one program?  
.....

### **M/13: SUBRECIPIENT MONITORING**

If Federal or State funds are subgranted by the agency, the agency has the responsibility, as required by Federal and State regulations, to develop procedures to monitor that funds are appropriately spent by its subrecipient. The requirement to monitor applies only in instances where the subrecipient is granted the funds as financial assistance, and does not apply to purchase of service contracts and agreements. For example, an agreement where a subrecipient will determine eligibility for Crisis Intervention Program (CIP) payments must be monitored. An agreement where a contractor provides maintenance to computer systems does not require monitoring, even if Federal or State funds will be used to support the contract.

#### **Control Activities / Information and Communication:**

Yes N/A No

- ☐ ☐ ☐ 1. Is a master list maintained of all Contractors  
.....
- ☐ ☐ ☐ 2. Is the master list of subrecipients/contracts updated as contracts are signed or terminated? .....
- ☐ ☐ ☐ 3. Do contracts specify that subrecipients obtain an audit in accordance with the "Single Audit Act" (Either OMB A-128, A-110 or A-133)?  
.....
- ☐ ☐ ☐ 4. Are findings identified in audit reports on subrecipients entered into a tracking system or otherwise identified for an audit resolution process?  
.....
- ☐ ☐ ☐ 5. Are responses from subrecipients/Contractors indicating action to be taken on findings entered into a tracking system or otherwise identified for an audit resolution process? .....
- ☐ ☐ ☐ 6. Are audit findings identified in audit reports for subrecipients assigned to appropriate personnel to resolve the findings?  
.....

Yes N/A No☐ ☐ ☐

7. Is the audit resolution process periodically reviewed to determine that audit findings have been resolved?

.....

☐ ☐ ☐

8. Is the monitoring guide up-to-date and does it cover all aspects of the program which would not be included in the compliance audit of the program?

.....

☐ ☐ ☐

9. Are monitors adequately trained to evaluate the programs administered by subrecipients/Contractors?

.....

☐ ☐ ☐

10. Do monitors use a monitoring guide?

.....

☐ ☐ ☐

11. Do monitors consider factors such as size of grants, prior monitor findings, compliance audit findings, the size of the organization receiving the grant, and the experience of the organization in administering the program in selecting subrecipients for monitoring visits?

.....

☐ ☐ ☐

12. Are monitor workpapers, findings, and resolutions reviewed by appropriately designated officials? .....

#### **N/14: Special Tests and Provisions**

The specific requirements for Special Tests and Provisions are unique to each Federal and State program and are found in the laws, regulations, and the provisions of contract or grant agreements pertaining to the program. For programs listed in the annual State Compliance Supplement, the compliance supplements specify the criteria for Special Tests and Provisions. Requirements that are in all programs are found in the annual crosscutting requirements document.

#### **Control Activities / Information and Communication:**

Yes N/A No☐ ☐ ☐

1. Are compliance supplements reviewed annually by appropriate staff?

.....

☐ ☐ ☐

2. Are the crosscutting requirements reviewed annually by appropriate staff?

.....

**V. DAY SHEET TRAINING**

Yes N/A No

☐ ☐ ☐

1. The agency provided Day Sheet training for all appropriate staff during this past fiscal year.

**If yes, indicate the total number of staff trained.-**

.....

**VI. SINGLE AUDIT**

Yes N/A No

☐ ☐ ☐

1. The agency was audited by an objective public accounting firm this past fiscal year? .....

☐ ☐ ☐

2. Appropriate agency staff reviewed the findings of the previous years' audit as preparation for current year audit.

.....

☐ ☐ ☐

3. All audit findings and questioned costs from previous years have been appropriately resolved. ....

**VII. ADDITIONAL INFORMATION/ EXAMINATIONS OF AGENCY**

Responses of "No" in this section do not signify internal control weaknesses to be considered in overall evaluation of subrecipient.

Yes N/A No

☐ ☐ ☐

1. Has the agency undergone any other examination, monitoring, or investigation (either by an external entity or by internal audit staff) during the past year?

**If yes, please indicate the name of the review.**

.....

☐ ☐ ☐

2. Has the agency undergone any reviews by the Division of Social Services in the past year?

**If so, please indicate the name of the review.**

.....

**VIII. CERTIFICATION**

I hereby certify that the information presented in this self-assessment of internal controls and risk is true, accurate, and complete, to the best of my knowledge.

XXXX County Department of Social Services

Agency Name

Signature, **Agency Director (REQUIRED)**

Date

**Division of Social Services**  
**Risk Evaluation Matrix - County Subrecipient**

County Name: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Criteria	Risk Level						Evaluation Score	
	Low Risk		Moderate Risk		High Risk			
	Description	Weighting	Description	Weighting	Description	Weighting		
<b>1. Staffing:</b>								
Qualifications	Staff in key positions are professionally trained and have one or more years experience in that position.	1	At least half of staff in key positions are professionally trained for the position they hold and have some experience.	2	Staff in key positions have little or no experience or training.	3		
Turnover	No change in staff in key positions.	1	New or no staff in 1 or more key positions.	2	New or no staff in 1 or more key positions and new or no agency administrator and/or fiscal officer.	3		
<b>2. History of Meeting Requirements:</b>								
Program - Adult's Services	Agency has provided services and met program objectives specified in contract/funding agreement for past 2 years.	2	Program compliance history of the past 2 years includes minor weaknesses in service delivery/program objectives.	4	Program compliance history of the past 2 years includes major weaknesses in service delivery/program objectives.	6		
Program - Children's Services (Consider results of the Biennial Review, IV-E Monitoring, and TANF Monitoring.)	Agency has provided services and met program objectives specified in contract/funding agreement for past 2 years.	2	Program compliance history of the past 2 years includes minor weaknesses in service delivery/program objectives.	4	Program compliance history of the past 2 years includes major weaknesses in service delivery/program objectives.	6		
Program - Economic Independence (Consider results of the Food Stamp Quality Control Review and Work First/TANF Monitoring.)	Agency has provided services and met program objectives specified in contract/funding agreement for past 2 years.	2	Program compliance history of the past 2 years includes minor weaknesses in service delivery/program objectives.	4	Program compliance history of the past 2 years includes major weaknesses in service delivery/program objectives.	6		
Program - Child Support (Consider results of the IV-D Local Program Assessments.)	Agency has provided services and met program objectives specified in contract/funding agreement for past 2 years.	2	Program compliance history of the past 2 years includes minor weaknesses in service delivery/program objectives.	4	Program compliance history of the past 2 years includes major weaknesses in service delivery/program objectives.	6		

## Attachment E

Fiscal	No significant audit findings for past 2 years.	2	Minor audit findings with pending corrective actions.	4	Significant audit findings within past 2 years or audit findings not addressed and resolved in timely manner.	6	
Reporting	Program and fiscal reports are almost always submitted in timely and accurate manner.	2	Routine reports are frequently late and contain some errors.	4	Routine reports reflect significant discrepancies or omissions.	6	
3. Self Assessment	Self assessment shows few or no internal control weaknesses. Where there is inadequate separation of duties, mitigating controls have been developed to protect against fraud and theft.	1	Self assessment shows several internal control weaknesses. Where there is inadequate separation of duties, mitigating controls have been developed to protect against fraud and theft.	2	Self assessment shows major internal control weaknesses. Where there is inadequate separation of duties, mitigating controls have not been developed or do not protect against fraud and theft.	3	

Total Evaluation Score

0

Evaluation Score Key, County-Operated IV-D Office:

Low Risk = Score 15-25

Moderate Risk = Score 26-35

High Risk = Score 36-45

Evaluation Score Key, State-Operated IV-D Office:

Low Risk = Score 13-21

Moderate Risk = Score 22-30

High Risk = Score 31-39

Completed By: \_\_\_\_\_



## Division of Social Services

### Risk Evaluation Matrix - Non-County Subrecipient

Subrecipient Name: \_\_\_\_\_ Date Completed: \_\_\_\_\_

	Risk Level						
	Low Risk		Moderate Risk		High Risk		Evaluation
Criteria	Description	Weighting	Description	Weighting	Description	Weighting	Score
1. Staffing:							
Qualifications	Staff in key positions are professionally trained and have one or more years experience in that position.	1	At least half of staff in key positions are professionally trained for the position they hold and have some experience.	2	Staff in key positions have little or not experience or training in program area being funded.	3	
Turnover	No change in staff in key positions.	1	New or no staff in 1 or more key positions.	2	New or no agency administrator and/or fiscal officer.	3	
2. History of Meeting Requirements:							
Program	Agency has provided services and met program objectives specified in contract/funding agreement for past 2 years.	2	First year of funding for program (no basis for evaluation).	4	Program compliance history of the past 2 years includes weaknesses in service delivery/program objectives.	6	
Fiscal	No significant audit findings for past 2 years.	2	Minor audit findings with pending corrective actions.	4	Significant audit findings within past 2 years or audit findings not addressed and resolved in timely manner.	6	
Reporting	Program and fiscal reports are almost always submitted in timely and accurate manner.	2	Routine reports are frequently late and contain some errors.	4	Routine reports reflect significant discrepancies or omissions.	6	
3. Complexity of Funding	Funding is relatively simple in terms of allowable expenditures and documentation required (ex. SSBG, Food Stamp).	2	Funding is moderately complex in terms of allowable expenditures and documentation required (ex. IV-B).	4	Funding is very complex in terms of allowable expenditures and documentation required (ex. TANF, IV-E).	6	
4. Amount of Funding to Provider	Less than \$25,000	2	\$25,000 - \$299,999	4	\$300,000 or more	6	
5. Self Assessment	Self assessment shows few or no internal control weaknesses.	1	Self assessment shows several internal control weaknesses.	2	Self assessment shows major internal control weaknesses.	3	
Total Evaluation Score							0

Evaluation Score Key:  
 Low Risk = Score 13-20  
 Moderate Risk = Score 21-30  
 High Risk = Score 31-39

Completed By: \_\_\_\_\_



## SECTION II

### GENERAL REQUIREMENTS FOR COUNTY DEPARTMENTS OF SOCIAL SERVICES

#### Risk Assessment Process for County Government Subrecipients

Completion of a risk assessment lays the framework for the specific methodology that will be used to monitor a subrecipient. The scope, level and intensity of monitoring shall be commensurate with the determination of the sub recipient's level of risk. The risk assessment takes into consideration an assessment of the adequacy of the internal controls in place within the organization to minimize exposure to risk. The Internal Control Questionnaire in the DHHS Subrecipient Monitoring Manual is one of the tools used to determine risk. (See Attachment D).

The result of the risk assessment process is that the subrecipient is assigned to one of three levels of risk: (1) low risk, (2) moderate risk, or (3) high risk. The level and extent of monitoring will be determined by an assessment of the subrecipients overall level of risk. For example, a desk audit may be appropriate for a subrecipient deemed to be low risk while random sampling or a full-scale on-site review may be necessary for a subrecipient assessed to be at moderate or high risk.

#### Low Risk Factors\*

#### Suggested Monitoring

No Audit finding. No corrective action plans. Capable staff with low turnover. Complete, accurate and timely routine reports. No complaints (clients, staff, etc.). Attend required meetings. Previously funded agency.	Desk Review of regular reports (fiscal/program). Random request of 1571 back-up information. Desk Monitoring twice during the contract year. Scheduled site visit (s). <ul style="list-style-type: none"><li>• Documentation of monitoring activities.</li><li>• Desk review of program and fiscal reports submitted to the Division.</li><li>• On-site visit every three years.</li><li>• Documentation of monitoring activities along with the protocols used and the documents reviewed shall be maintained in the subrecipients file.</li></ul>
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#### Medium Risk Factors\*

#### Suggested Monitoring

Audit findings. Weakness in internal controls. Weakness is staff. Change in Management/Administration. Variances in fiscal/monthly reports. New Contractor. Non-attendance of required meetings. Late contract start date. Unclear program/fiscal policies. Late submissions of required documentation.	Desk Review of regular reports (fiscal/program). Random request of 1571 back-up information. Desk Monitoring twice during the contract year. Scheduled site visit(s) for specific areas of concern. Corrective Action Plan implemented. Documentation of monitoring activities.
--	--

**High Risk Factors\*****Suggested Monitoring**

Unresolved audit finds. Unresolved correction action plan. Untrained staff/turnover. Complaints. Failure to submit required documentation. On Non-Compliance State Auditor's List. Lack of Program/Fiscal Policies. Failure to respond.	Desk Review of regular reports (fiscal/program). Random request of 1571 back-up information. Desk Monitoring twice during the contract year. Scheduled site visits(s) for specific areas of concern. Unscheduled site visits. Corrective Action Plan implemented. Follow-up site visit(s) within three months. Documentation of monitoring activities. <ul style="list-style-type: none"><li>• Termination of contract On-site verification of compliance requirements which are indicative of the need for closer review or examination based on concerns regarding internal controls or specific factors indicated by the risk assessment.</li><li>• Tests of certain compliance areas based on random sampling or a more full-scale review</li><li>• Follow-up desk reviews of program and fiscal reports submitted to the Division.</li><li>• Review and monitor compliance with plans of correction and implementation of recommendations which resulted from technical assistance provided to the subrecipient agency.</li><li>• Follow-up visit scheduled within 6 months to verify the appropriate checks and balances have been put in place to minimize subrecipient's risk.</li></ul>
--	---

\* Any or all factors determine risk level.

**Selecting and Monitoring Subrecipients-Grants**

The level of monitoring of each subrecipient is determined in part by the assessment of risk for identified subrecipients. Also, specific monitoring requirements are determined in part by any monitoring components specified in the special tests and provisions of the compliance supplements. In such cases, the *Monitoring Coordinator* will function to assure that these monitoring activities are occurring per the compliance supplement, and entered into the DHHS Program Monitoring System.

Sometimes circumstances will require coordination of program monitors, program representatives, the monitoring coordinator and other NCDSS staff in addressing concerns that arise which require monitoring beyond that specified in the compliance supplement. In such cases, the monitoring coordinator may identify additional staff to conduct monitoring inquiries or on-site visits, either in concert with the program monitor, or independently as the situation requires.

The *Monitoring Coordinator* may also conduct routine random monitoring activities of subrecipient monitoring to assure State, Federal and other NCDSS stakeholders that as a Division, subrecipient monitoring requirements are being met.

## **Documentation of Monitoring Activities**

Each Program Compliance Monitor Contract Administrator; or Program Administrator is responsible for reporting their monitoring activities. This shall be documented in a format developed by the Lead Monitor. Any ensuing technical assistance required as a result of subrecipient monitoring activities shall be referred to the contract administrator or the appropriate program representative for follow-up.

Monitoring activities shall be documented in the DHHS Program Monitoring System. The Lead Monitoring Coordinator will review input into the DHHS Program Monitoring System on a regular basis to determine the completeness and accuracy of the data, whether previous issues have been resolved, and for the purpose of coordinating monitoring visits with other Divisions.

In addition, copies of certain monitoring documents will be kept in a centralized location by the designated support staff to facilitate easy access and review. This shall include copies of all source documents such as the Self Assessment Review Summary, the risk assessment tool, monitoring tools and instruments and copies of pertinent information used for monitoring shall also be included in the subrecipients file. Copies of all communications sent out to the subrecipient and received from the subrecipient that pertains to subrecipient monitoring shall also be included in the file. This includes copies of the notification, the monitoring results report, plans of correction and notification to the subrecipient of the disposition of the outcome of the review of the corrective action plan (closure letter). The designated support staff shall be responsible for maintaining the subrecipient files.

## **Sanctions for Non-Compliance**

This section describes the recourse NCDSS has when monitoring activities confirm that the subrecipient is out-of-compliance with state and federal regulations based on the requirements of the type financial assistance received and as outlined in the program or grant agreement. If NCDSS suspects or determines that a subrecipient has failed to adhere to required guidelines, the following actions should be completed and documented as necessary:

1. Section/program staff should first make every effort to work with the subrecipient agency to identify and document problems, plan steps to resolve them, and monitor the results of corrective actions taken.
2. If necessary, NCDSS will request assistance from the DHHS Controllers Office or from other appropriate external entities.

## **County Subrecipient Self-Assessment of Internal Controls**

Each local DSS is required to submit a self-assessment of internal controls to their assigned Local Business Liaison annually. This annual requirement may be waived up to 4 times from the receipt of the original assessment, provided the DSS Director signs a certification indicating that there have been no changes from the original self assessment. County is eligible for certification unless:

a) There were findings or questioned costs cited in the single audit for year ending June 30, 2004 or; b) The agency Director and /or fiscal officer have less than two years experience in that position or one or both positions are vacant, [by June 30, 2004]or, c) There were weaknesses reported on the Self Assessment survey with NO explanation of mitigating controls in place or a notation of planned changes.

If any of the above conditions exist the county is required to submit a full self assessment until they meet all of the above requirements. The LBL will review the Self Assessment for completeness and signature. The LBL will then complete a Self Assessment Review Summary and forward this to the Lead Monitor.

The Lead Monitor will coordinate sending out completed self-assessment summaries to all Sections/divisions as requested.

## **Monitoring Activities**

Identification of specific monitoring activities to be performed may be found in the section plan for each Section. Program monitoring functions shall include, but are not limited to the following types of activities:

1. Reviewing federal and state programmatic and financial requirements for the particular program being monitored to determine compliance criteria.
2. Assessing internal control over fiscal compliance requirements to provide reasonable assurance that: funds are disbursed to subrecipients only on an as-needed basis; that funds are disbursed to subrecipients only on the basis of approved, properly completed expenditure reports submitted on a timely basis; that refunds due from subrecipients are billed and collected in a timely manner through the DHHS Controller's Office Accounts Receivable Section and that subrecipients and other entities and individuals receiving funds meet eligibility requirements and documentation standards including appropriate record retention;
3. Reviewing financial and program reports received from subrecipients on a timely basis and investigating unusual items;
4. Reviewing audit reports to evaluate a sub-recipient's compliance with applicable laws and regulations;
5. Reviewing previously identified deficiencies to determine if corrective action was taken,
6. Reviewing the DHHS Monitoring Website prior to a monitoring visit to determine if the subrecipient has previously been monitored. Monitors should review the risk assessment and previous monitoring compliance concerns. This will provide valuable information to assist in planning the monitoring visit and reduce redundant work effort.

## **Monitoring Report and Corrective Action**

A written report is required on all On-Site Reviews and Desk audits. The report is due 60 calendar days from the date of the review. The report must, at a minimum, include summary of the monitoring findings, a list of the cases pulled (if applicable), findings for all cases reviewed and any corrective actions necessary.

If a program in the local agency is found to be out of compliance a corrective action plan must be developed that is geared toward program compliance. Reviewers are encouraged where possible and practical to develop any needed corrective action plan with county staff.

When a non-allowable cost finding is made, corrections or fixes must be made effective the month of monitoring. Corrective action must be made on the next 1571 report. The case should be corrected from the review month forward.

Each Section will determine which programmatic staff will follow-up with counties to ensure that corrective actions have been taken and evaluate whether the corrective actions have been successful.

If a Program Compliance Representative/Monitor suspects internal fraud it will be reported to the Division Director. The Division will prepare an SBI Report and consult with the Internal Auditor and the Division of Budget and Analysis. In the event that the Internal Auditor agrees that the Division's suspicions are well founded, the DHHS Office of the Internal Auditor will coordinate an audit/investigation as deemed appropriate with the Office of State Auditor, internal staff, Federal authority, local law enforcement authorities, and/or the SBI.

## **Updating DHHS' Monitoring Website**

At the beginning of the fiscal year each section must load the following data for new programs/contracts: {Data from Programs already entered in the DHHS Monitoring website will be copied to the new SFY}

- Subrecipients Name and Federal ID number; Subrecipient Administrator/ Agent's Name, Mail and Street address, Email address, Phone number and Fax number.
- Program Name and relevant compliance requirements.
- Type of subrecipient (not-for-profit, governmental organization, public authority, for-profit, etc.)
- Total Contract/Grant Amount and funding source name and amount for federal, state and other funds.

The DHHS Monitoring Website must be updated within 45 calendar days from date of the monitoring review. This is extremely important as other sections/divisions may be able to use the results in their risk assessment. Each Section/Program Compliance Representative must update the monitoring website with the results/findings of monitoring visits (including corrective action plans), assignment of risk assessment, and status of follow-up activities from prior year findings, status of any unallowable costs and schedule of all On-site Reviews/Desk Reviews for the current SFY. In addition A Year End Report for each program subrecipient must be completed within 45 calendar days from the end of the fiscal year

## SECTION III.

### GENERAL REQUIREMENTS FOR NON GOVERNMENT SUBRECIPIENTS

There are numerous non-government sub-recipients who receive funding through the Division of Social Services to provide financial assistance. All contracts identified in the Contracts Database, as Financial Assistance have been reviewed by use of the Contract Determination Questionnaire to determine if they are a Financial Assistance contract. [See Attachment B Contract Determination Questionnaire] All Financial Assistance contracts must be identified in the Section's monitoring plan. Contract managers are responsible for monitoring their assigned contracts. [See Attachment A for a current listing of Financial Assistance Contracts]

#### Risk Assessment for Subrecipients:

Initially, risk assessment starts during the contracting process. Areas evaluated include, but are not limited to: the size of the contracted agency, complexity of funding and programs, organizational experience, size of funding award, variety of programs, organizational history, previous experience, resolution of issues indicated in the Program Monitoring Database, and staff turnover. The following charts outline risk factors that are considered when assessing the monitoring required for each contracted agency.

##### Low Risk Factors\*

##### Suggested Monitoring

No Audit finding. No corrective action plans. Capable staff with low turnover. Complete, accurate and timely routine reports. No complaints (clients, staff, etc.). Attend required meetings. Previously funded agency.	Desk Review of regular reports (fiscal/program). Random request of 1571 back-up information. Desk Monitoring twice during the contract year. Scheduled site visit (s). Documentation of monitoring activities.
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##### Medium Risk Factors\*

##### Suggested Monitoring

Audit findings. Weakness in internal controls. Weakness is staff. Change in Management/Administration. Variances in fiscal/monthly reports. New Contractor. Non-attendance of required meetings. Late contract start date. Unclear program/fiscal policies. Late submissions of required documentation.	Desk Review of regular reports (fiscal/program). Random request of 1571 back-up information. Desk Monitoring twice during the contract year. Scheduled site visit(s) for specific areas of concern. Corrective Action Plan implemented. Documentation of monitoring activities.
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**High Risk Factors\*****Suggested Monitoring**

Unresolved audit finds.	Desk Review of regular reports (fiscal/program).	* Any or all fact ors dete rmin e risk
Unresolved correction action plan.	Random request of 1571 back-up information.	
Untrained staff/turnover.	Desk Monitoring twice during the contract year.	
Complaints.	Scheduled site visits(s) for specific areas of concern.	
Failure to submit required documentation.	Unscheduled site visits.	
On Non-Compliance State Auditor's List.	Corrective Action Plan implemented.	
Lack of Program/Fiscal Policies.	Follow-up site visit(s) within three months.	
Failure to respond.	Documentation of monitoring activities.	
	Termination of contract.	

level.

**Core Areas to be monitored \***

The OMB Circular A-133 specifies fourteen (14) areas of compliance monitoring. North Carolina has an additional requirement that policies prohibiting conflict of interest be reviewed for non-profit subrecipients. Depending on the program and type of funding, all 14 core areas may **not** be applicable to the funding source.

The core areas of compliance monitoring involve fiscal monitoring (i.e., review of financial statements and audit findings and internal control questionnaires) and program monitoring (i.e., determination of whether the eligibility criteria were met or review of the scope of work to see if the objectives of the contract have been met). Following is a brief description of each of the core areas:\*

**CC: Crosscutting Requirements:** These are supplements written by state agencies to detail in one location the common compliance requirements that span across several programs.

**A/1: Activities Allowed or Unallowed:** This requirement refers to specific activities identified in the grant agreement, contract, allocation, letters, policy manuals and state or federal regulations that are allowed or that may be unallowed. The purpose of this requirement is to provide reasonable assurance that State and Federal funds are used for the intended purposes.

**B/2: Allowable Costs/Cost Principles:** This requirement seeks to assure that the costs paid to the contractor are reasonable and necessary for the operation and administration of the program and that the subrecipient uses an acceptable method of allocating costs, including indirect costs.

**C/3: Cash Management:** This requirement is only applicable if the contractor receives an advance of funds from NCDSS of more than 60 days from when the funds would ordinarily be disbursed. In accordance with the DHHS Cash Management Policy, the Controller's Office is responsible for reviewing the cash needs of subrecipients that receive advances every three months to determine whether or not the advance represents more than a 60-day cash requirement.

**D: Davis-Bacon Act:** This requirement is not applicable to DHHS subrecipients. It is a federal law that applies to contractors with contracts for more than \$2,000 financed by federal dollars where laborers and mechanics are employed.

*E/5: Eligibility:* This requirement ensures that only those individuals and organizations that meet the eligibility requirements for receiving services or financial assistance from the program participate in the program. The eligibility requirement for an individual diagnosis, risk factors, medical necessity criteria, income, etc. Similarly, an organization may qualify to participate in a program based on the extent to which the type of program and the mission of the organization are consistent with the requirements of the funding source.

*F/6: Equipment and Real Property Management:* This requirement refers to tangible property that has a useful life of more than one year and costs more than \$5,000. Such equipment may only be purchased per the conditions of the approved contract or grant agreement.

*G/7: Matching, Level of Effort, Earmarking:* These requirements are specifically addressed in the grant documents, allocation letters, contracts and state or federal regulations.

- *Matching* refers to the specific amount or percentage of funds the subrecipient is required to match the state or federal grant. The matching portion must be verifiable in the accounting records, incurred during the period of the award, must not be used to meet the match of another program, allowable under cost principles and derived from non-federal or non-state funds unless specifically authorized.
- *Level of Effort* refers to the specific level of service that must be provided (e.g., the number of clients the subrecipient must serve) or a specified level of service (e.g., maintenance of effort) or the requirement that federal or state funds may only be used to supplement the non-state or non-federal funding of the service.
- *Earmarking* refers to the requirement that an amount or percentage of a program's funding must be used for specific activities.

*H/8: Period of Availability of Federal Funds:* This requirement refers to the time period authorized for state and federal funds to be expended. State funds are authorized for the fiscal year (July 1 – June 30); however, NCDSS may allow a subrecipient to carry forward unexpended funds into the next fiscal year. Most federal funds allow additional time after the end of the grant period for obligations incurred during the grant period to be paid.

*I/9: Procurement and Suspension and Debarment:* This requirement assures that the subrecipient follows the state and federal policies and procedures for procurement, that the subrecipient has not been suspended or disbarred from receiving funding from the state or federal government, and that the subrecipient does not use federal funds to purchase goods or services costing more than \$100,000 from a vendor that has been disbarred by the federal or state government..

*J/10: Program Income:* The purpose of this requirement is to assure that program income is being used appropriately. This requirement refers to the gross income received by the subrecipient on activities, services or goods purchased with state or federal funds. Program income may be used to provide matching funds when approved by the state or federal agency.

*K/11: Real Property Acquisition and Relocation Assistance: This requirement does not apply to DHHS.*

*L/12: Reporting: Contract administrators are required to monitor the financial, performance and special reporting of the subrecipient in order to provide assurance that funds are being managed efficiently and effectively to accomplish the objectives of the program as specified in the compliance supplement, applicable laws and regulations, and contract or grant agreements.*

*M/13: Subrecipient Monitoring: Program Monitors/Contract administrators /Program coordinators are required to provide assurance that any NCDSS subrecipient that subcontracts with another agency monitors the agency with which the subrecipient subcontracts as specified in the compliance supplement for the funding source.*

*N/14: Special Tests and Provisions: Program Monitors/Contract administrators/Program coordinators must provide assurance that all special requirements found in the laws, regulations, or the provisions of the contract or grant agreement are monitored appropriately. Such special tests and provisions may relate to fiscal and/or programmatic requirements or may include actions that were agreed to as part of the audit resolution of prior audit findings or in corrective action plans identified as a result of monitoring reviews.*

*15: Conflict of Interest: This requirement applies to any private, non-profit entity eligible to receive state funds, either by General Assembly appropriation, or by grant, loan or other allocation from a State agency (S.L. 1993-321, Section 16 of the Appropriations Act). An agency official is required to sign a notarized copy of the policy before a contract is executed. Copies of the organization's attestation to the Conflict of Interest Policy is kept by the Program Compliance section in the organization's file. The Division's Conflict of Interest Policy for Private Not-for Profit Agencies can be found in Attachment X.*

The applicable compliance requirements for a funding source are outlined in the compliance supplement for the specific federal or state program. In cases where a program is funded by multiple funding sources, the funding source with the most stringent requirements would be the criteria used to monitor the program. The compliance supplement identifies those core areas which at a minimum must be monitored. Monitors are not precluded from looking at additional areas as long as the minimum core areas are also examined. (See Attachment B for an overview of compliance requirements for each program for which NCDSS is the pass-through entity). Monitoring the compliance requirements helps to fulfill part of the intent of the Federal Financial Assistance Management Improvement Act of 1999 (i.e., to improve the effectiveness and performance of federal financial assistance programs).

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*\*Note: With the exception of the Davis-Bacon Act (D) and the Conflict of Interest (15) requirement, the federal and state requirements are the same. The alphabetic code denotes how the federal requirement is referenced. The numeric code is the corresponding state code for that core area.*

## **Process of Review**

Monitoring begins during the contracting process with agencies and encompasses a variety of tools that are used throughout the contract period. Fiscal and program reports, desk monitoring, site visits and on-going telephone/e-mail contact with contracted agencies provide valuable information to determine agency's contractual compliance and program success. Contract Administrators are responsible for monitoring contractual activities, maintaining monitoring documentation and providing monitoring follow-up to all contracted agencies.

On a monthly basis, Contract Administrators review the DSS 1571 III Administrative Cost Report for accurate, allowable and reasonable costs and the State Auditors' non-compliance list is reviewed to ensure all G.S. 143-6.2 reporting requirements are being fulfilled by the contracted agency. If applicable, monthly program reports or database entries into the Family Support Database are reviewed to ensure participants are enrolled and programming activities have been implemented. Ongoing telephone and e-mail monitoring is documented by the Contract Administrator when it pertains to possible contractual non-compliance issues.

Desk monitoring is performed during the first quarter of the contract year by the Contract Administrator. Organizations receive a "Performance Status Report" (see attachment). This document is completed by the contracted agency within 60 days of the contract start date and is essential to the desk monitoring process. A conference call between the Contract Administrator and contracted agency administration/staff, reviews the agency's Performance Status Report to ensure that required components of programming and accurate monthly reporting are being implemented and baseline data is being compiled to fulfill the evaluation plan of the contract. In addition, any concerns or additional clarification needed by the contracted agency regarding the contract are addressed with the Contract Administrator. A review of the Performance Status Report after the conference call enables the Contract Administrator to finalize the risk assessment of the contracted agency. The risk assessment of the agency is entered into the DHHS Program Monitoring Database by the Contract Administrator. This desk monitoring process is repeated again in the third quarter of the contract year.

A site visit is scheduled during the second quarter of the contract year and entered into the DHHS Program Monitoring Database. Contracted agencies receive a letter informing them of the site-visit date and contractual areas that will be reviewed during the visit. If the contracted agency is assessed at medium or high risk, a site visit is scheduled early in the second quarter. Contracted agencies assessed as high risk during the third quarter's Performance Status Report review, will require another scheduled/unannounced site visit in the fourth quarter. The Site Visit Report (see attachment) is completed at the end of the scheduled/unannounced site visit. The OMB Circular A-133 specifies fourteen areas of compliance monitoring and if applicable to the program are reviewed during the site visit, in addition to the contracted agency's Conflict of Interest Policy which is included in the agency's executed contract. Areas concerning programming, fiscal management, compliance requirements, personnel, safety, organizational capacity, subcontract services and evaluation are also reviewed to confirm contractual compliance during the site visit. Contracted agencies receive a copy of the completed site-visit form at the end of the site-visit. A successful site visit will require a re-assessment of risk level for medium and high contracted agencies to a lower risk level.

## **Corrective Action:**

Contracted organizations failing to meet contractual requirements have thirty days to adhere to a corrective action plan developed by the Contract Administrator. The contracted agency immediately moves to a higher risk level which is amended in the DHHS Monitoring Database. A follow-up site visit by the Contract Administrator verifies compliance to the corrective action plan. If the contract is still in non-compliance status, the contract may be terminated due to failure to meet the terms and conditions of the contract.

## **Maintenance of Monitoring Documentation**

All monitoring documentation, verification information, corrective action plans, correspondence, and program/fiscal reports are maintained in the agency's master file located in the Community Based Program's office located at the NC Division of Social Services, 325 S. Salisbury Street, Room 779, Raleigh, NC 27603. Contract Administrators are responsible for the maintenance of monitoring documentation and entering all pertinent information into the DHHS Program Monitoring Database.

## **Updating DHHS' Monitoring Website**

At the beginning of the fiscal year each contract administrators will review the base record imported from the previous year's database for accuracy of the following:

- Subrecipients Name and Federal ID number; Subrecipient Administrator/ Agent's Name, Mail and Street address, Email address, Phone number and Fax number.
- Program Name and relevant compliance requirements.
- Contract ID Number and contract period.
- Type of subrecipient (not-for-profit, governmental organization, public authority, for-profit, etc.)
- Total Contract/Grant Amount and funding source name and amount for federal, state and other funds.

The DHHS Monitoring Website must be updated within 45 calendar days from date of the monitoring review. This is extremely important as other sections/divisions use the results in their risk assessment. Each contract manager will update the monitoring website with the results/findings of monitoring visits (including corrective action plans), assignment of risk assessment, status of follow-up activities for prior year findings and status of paybacks, and schedule of On-site Reviews/Desk Reviews for the current SFY. In addition a Year end monitoring Report must be completed within 45 calendar days of the end of the State Fiscal Year. Since all contracts do not end on June 30, some monitoring will be not be completed by June 30 of each year. In this instance the results of the monitoring for the period July 1, until the contract ending date will be included in the next SFY Monitoring Data Base.

## Budget Office Fiscal Monitoring Plan SFY 08-09

### **PURPOSE**

The Division of Social Services is responsible for administering a \$1.3 billion budget for Public Assistance and Social Service Programs through out the State of North Carolina. The Budget Office supports the financial and operational activities as well as administrative management functions and contract related activities.

The purpose of this monitoring plan is to assure compliance with federal requirements by subrecipients.

### **OVERVIEW**

Fiscal monitoring will be completed by the Local Business Liaison's (LBL).

Budget Office Staff Performing Subrecipient Monitoring and Related Support Activities are identified below:

<b>Supervisor</b>	
<b>Staff Person</b>	<b>Area of Responsibility</b>
James Clark	Fiscal
<b>Local Business Liaisons</b>	
Phil Lassiter	-Self Assessment of Internal Controls Survey for county grant subrecipients. -Recoupment of Questioned costs -Fiscal Monitoring
Karen Calhoun	-Self Assessment of Internal Controls Survey for county grant subrecipients. -Recoupment of Questioned costs -Fiscal Monitoring
Dana Sisk	-Self Assessment of Internal Controls Survey for county grant subrecipients. -Recoupment of Questioned costs -Fiscal Monitoring
Hugh Cole	-Self Assessment of Internal Controls Survey for county grant subrecipients. -Recoupment of Questioned costs -Fiscal Monitoring
Judy Hopkins	-Self Assessment of Internal Controls Survey for county grant subrecipients. -Recoupment of Questioned costs -Fiscal Monitoring
Maggie Holley	-Self Assessment of Internal Controls Survey for county grant subrecipients. -Recoupment of Questioned costs -Fiscal Monitoring
Sandra Wilson	-Self Assessment of Internal Controls Survey for county grant subrecipients. -Recoupment of Questioned costs -Fiscal Monitoring
Pat Adcock	-Self Assessment of Internal Controls Survey for county grant subrecipients. -Recoupment of Questioned costs -Fiscal Monitoring

### ***Program Areas and Services to be monitored***

<b>Area</b>	<b>Federal/State Compliance Number</b>	<b>Subrecipients be monitored</b>	<b>Funding Source and Amount* SFY 2008</b>	<b>Review Tool</b>
Food and Nutrition Services	CS-10.551-CL	Attachment B	Food and Nutrition Services Administration \$1,106,784,344.00 (where did this amount come from?)	Attachment A,
Child Support Enforcement	93.563	Attachment B	Title IV-D \$113,953,452.00 (where did this amount come from)	Attachment A,
Work First	93.558	Attachment B	TANF Block Grant \$207,996,190.00 (where did this amount come from)	Attachment A,

Below is a brief description of the Program Areas and Services to be monitored by the Budget Office. .

#### ***Food and Nutrition Services***

The Food and Nutrition Services Program provides cash like benefits for eligible low income individuals and families to use to purchase nutritious food. Benefits are based on family size and income; benefits are made available monthly via an Electronic Benefits Transfer (EBT) card. Food and Nutrition Services benefits are accessed through the 100 local county departments of social services. After applicants are determined eligible to receive benefits by their respective county departments of social services, they are issued an EBT (Electronic Benefits Transfer) card to purchase food.

#### ***Child Support Enforcement***

The Child Support Enforcement program aids in the establishment and collection of child support to ensure that both parents support their children. The program processes include 1) location of the non-custodial parent for establishment and enforcement of existing child support orders, 2) paternity establishment for children born outside of marriage, 3) establishment and modification of new and existing orders of support, 4) enforcement of support obligations, and 5) collection and distribution of support.

The goal of the program is to consistently collect as much child support as possible and to help families become self-sufficient. Non-State Operated Child Support Offices will be subject to this monitoring.

#### ***Work First***

North Carolina's Work First Program is based on the premise that parents have a responsibility to support themselves and their children. Through Work First, parents can get short-term training and other services to help them become employed and self-sufficient. Families can receive support up to five years. Work First emphasizes three strategies: Diversion, Work, and Job Retention. Work First

Family Assistance is also provided for eligible children whose caretaker is not eligible for benefits themselves.

Work First Family Assistance provides monthly financial assistance to assist in meeting the basic needs of families with children such as food, shelter, etc.

Work First services are provided to families to improve their employability skill, to assist families to become employed, retain employment, and become self-sufficient. The services provided to families include but are not limited to education/training, employment services, childcare, transportation services and retention services to the employed. These services provided to clients enable the state to meet employment goals for able-bodied adults entering employment and able-bodied adults remaining off Work First for employment. Generally, these services are provided by a Work First employment worker or by other community agencies.

### **Areas to be monitored/Food and Nutrition/Child Support Enforcement/Work First**

#### **Part I (Administrative Costs):**

- ☐ 1571 payroll entries verified to general ledger    ☐ Direct Worker Certifications reviewed
- Day Sheets reviewed: ☐ DSS 2203 for FNS    ☐ DSS 4263 for TANF    ☐ NA for CSE
- ☐ Percent of time report reviewed for minutes to Program Code R/TANF
- Staff coded properly to: ☐ 64-14-B, 65-14-B, or 65-16-B for FNS
- ☐ 79-09-C or 79-10-C for IV-D    ☐ 54-10-A or 54-12-A for TANF

#### **Part II (Statement of Administrative Costs and Purchased Services):**

- ☐ County General Ledger matches payment    ☐ Reviewed 1571, Part II to insure cost reported correctly

**FNS Employment & Training Vouchers:** ☐ Voucher request for payments reviewed and all expenditures posted to Part II by correct code: 458 or 472

#### **IV-D:**

- ☐ Reviewed all expenditures posted to Part II by correct code: 123, 423, 432, 449, or 450.

#### **Work First:**

- ☐ Reviewed all expenditures posted to Part II by correct code: 204, 205, 206, 207, 227, 228, 229, 238, 246, 273, 280, 281, 276 or 288.

#### **Part IV (Purchased Services and Fees):**

**IV-D (Fees):** ☐ Verified fees are posted to county general ledger and receipts issued

- ☐ Verified fees are posted on 1571, Part IV using code 435 or 436 with fund ID 3

**Work First:** ☐ Part IV codes reviewed with Fund ID Code T, unless program service code is 351



## ***Monitoring Activities Process***

Each County Department of Social Services will be monitored once every three years, based on the attached schedule. The monitoring schedule will be reviewed and updated annually. County Departments of Social Services will be notified via e-mail prior to each fiscal monitoring visit with a list of information needed. The monitoring year will be based on the State Fiscal year and start in FY 2008-2009. One month's data will be selected for review.

Attachment A will be used to document monitoring findings. After the monitoring is completed, a letter along with Attachment A will be sent to the County Director of Social Services with the monitoring results. If the County disagrees with the monitoring results, they may submit a written appeal to James Clark within sixty (60) days from the date of the letter notifying the county of the monitoring results. If they agree follow-up will be conducted to insure items are corrected. If they appeal, once their appeal has been reviewed, James Clark and the LBL will follow up with the county staff and work to resolve the county's concerns to insure the monitoring requirements are being maintained,

The monitoring will consist of Administrative reimbursement for Food and Nutrition Services, Child Support Enforcement and Work First (TANF funding for this monitoring are the Federal dollars in the Work First Block Grant). This review will monitor how the county reported the applicable cost for reimbursement only and will not monitor the individual client's eligibility.

The LBL will determine the staff sample for each county. The sample size will consist of 5% of staff for the specific program area reported on the DSS-1571, Part I. If the 5% sample is less than five staff, a 100% review of staff will be completed. Salaries and Benefits reported on DSS-1571, Part I will be compared to the County payroll ledger or other documents.

The monitoring consists of two parts, direct staff costs and purchased/contract or non direct staff costs. Staff costs are reported on Part I-A, B, or C of the DSS-1571. Purchased/contract or non direct Staff cost are reported on DSS-1571 Part II or IV. All cost reported on the DSS-1571 Part II or Part IV will require 100% review. Based on the monitoring month, a county may not have expenditures in the funding sources being monitored. An alternate month may be selected for review. This will be documented on Attachment A.

## **Documentation of Monitoring Activities**

Monitoring activities will be documented in the DHHS Program Monitoring System. The LBL will complete the DSS Budget Office Fiscal Monitoring Spreadsheet (Attachment A). This spreadsheet will be shared with appropriate Division staff and will be filed electronically on a shared file.

Any ensuing technical assistance required as a result of subrecipient monitoring activities shall be referred to the appropriate program representative for follow-up.

Copies of monitoring source documents including a copy of the DSS Budget Office Fiscal Monitoring Spreadsheet will remain in the county DSS files, along with any other copies of pertinent information used during the monitoring of the program activities

## **Sanctions for Non-Compliance**

This section describes the recourse NCDSS has when monitoring activities confirm, that the subrecipient is out-of-compliance with state and federal regulations based on the requirements of the type of financial assistance received as outlined in the program or grant agreement. If NCDSS suspects or determines that a subrecipient has failed to adhere to required guidelines, the following actions should be completed and documented as necessary: 1) Section/program staff should first make every effort to work with the sub recipient agency to identify and document problems, 2) plan steps to resolve them, and 3) monitor the results of corrective actions taken. If necessary, NCDSS will request assistance from the DHHS Controllers Office or from other appropriate external entities.

## **Monitoring Report and Corrective Action**

A written report is required on all On-Site Reviews. The report is due sixty (60) calendar days from the date of the review. The report must, at a minimum, include a summary of the monitoring findings; a list of findings for all documents reviewed; and corrective actions if necessary.

If a program in the local agency is found to be out of compliance, a corrective action plan must be developed that is geared toward program compliance. Reviewers are encouraged, where possible and practical, to develop any needed corrective action plan with county staff.

When a non-allowable cost finding is made, corrections must be made effective the month of monitoring. A correction must be made on the next DSS-1571 report. The error should be corrected from the review month forward. The county will maintain the necessary documentation to support the payback of the finding. In addition, the LBL will be notified when corrections have been made.

Each Section will determine which programmatic staff will follow-up with counties to ensure that corrective actions have been taken and evaluate whether the corrective actions have been successful.

If a Program Compliance Representative/Monitor suspects internal fraud, it will be reported to the Local Department of Social Services Director and the DSS Division Director. The Division will prepare an SBI Report and consult with the Internal Auditor and the Division of Budget and Analysis. In the event that the Internal Auditor agrees that the Division's suspicions are well founded, the DHHS Office of the Internal Auditor will coordinate an audit/investigation as deemed appropriate with the Office of the State Auditor, internal staff, Federal authority, local law enforcement authorities, and/or the SBI.

## **Updating DHHS' Monitoring Website**

Each LBL will enter the monitoring results/findings report into the monitoring website no later than 30 calendar days after the appeal period has expired or settled after the completed monitoring

## DSS Budget Office Fiscal Monitoring Spreadsheet

**COUNTY:** \_\_\_\_\_ **LBL:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **Review month/year:** \_\_\_\_\_

**Programs (Food & Nutrition Services (FNS), Child Support (IV-D) and TANF:**

\_\_\_\_\_  
(If county does not operate Child Support or operated elsewhere in county government or contract, notate): \_\_\_\_\_

**1571: Part I** (Administrative Costs):

☐ 1571 payroll entries verified to general ledger    ☐ Direct Worker Certifications reviewed

Comments/findings: \_\_\_\_\_

Day Sheets reviewed: ☐ DSS 2203 for FNS    ☐ DSS 4263 for TANF    ☐ Non-applicable for CSE

Comments/findings: \_\_\_\_\_

☐ Percent of time report reviewed for minutes to Program Code R/TANF

Comments/findings: \_\_\_\_\_

Staff coded properly to: ☐ 64-14-B, 65-14-B, 65-16-B for FNS    ☐ 79-09-C or 79-10-C for IV-D  
☐ 54-10-A/54-12-A/54-18-A for TANF

Comments/findings: \_\_\_\_\_

**1571: Part II** (Statement of Administrative Costs and Purchased Services):

☐ County General Ledger matches payment    ☐ Reviewed 1571, Part II to insure cost reported correctly

Comments/findings: \_\_\_\_\_

FNS Employment & Training Vouchers: ☐ Voucher request for payments reviewed Part II code: 458 or 472

Comments/findings (if county not E&T or no payments made, document):

\_\_\_\_\_

IV-D:

☐ Reviewed all expenditures posted to Part II by correct code: 123, 423, 432, 449, or 450.

Comments/findings: \_\_\_\_\_

TANF:

☐ Reviewed all expenditures posted to Part II by correct code: 204, 205, 206, 207, 227, 228, 229, 238, 246, 273, 276, 280, 281, or 288.

Comments/findings: \_\_\_\_\_

**DSS Budget Office Fiscal Monitoring Spreadsheet (continued)**

**1571: Part IV** (Purchased Services and Fees):

IV-D (Fees): ☐ Verified fees are posted to county general ledger and receipts issued

Comments/findings: .....

☐ Verified fees are posted on 1571, Part IV using code 435-3 or 436-3

Comments/findings: .....

TANF: ☐ Part IV codes reviewed by Program Code T, unless program service code is 351

Comments/findings: .....

Developed By DSS Budget Office

<b>County</b>	<b>LBL</b>	<b>FY 2008-2009 July 08-June 09</b>	<b>FY 2009-2010 July 09-June 10</b>	<b>FY 2010-2011 July 10-June 11</b>
Alamance	JH	August-08		
Alexander	DS	August-08		
Alleghany	JH	October-08		
Anson	KC	October-08		
Ashe	DS	October-08		
Avery	DS	December-08		
Beaufort	PL			August-10
Bertie	SW	August-08		
Bladen	MH	August-08		
Brunswick	MH	October-08		
Buncombe	DS	April-09		
Burke	PA		July-09	
Cabarrus	KC	January-09		
Caldwell	DS		August-09	
Camden	SW		August-09	
Carteret	PL	Novemeber 08		
Caswell	JH	January-09		
Catawba	KC	April-09		
Chatham	HC		August-09	
Cherokee	PA	August-08		
Chowan	SW	March-09		
Clay	PA			August-10
Cleveland	PA		August-09	
Columbus	MH	January-09		
Craven	PL	February-09		
Cumberland	MH	April-09		
Currituck	SW		January-10	
Dare	PL	April-09		
Davidson	KC		August-09	
Davie	JH	April-09		
Duplin	PL		August-09	
Durham	HC	August-08		
Edgecombe	SW		November-09	
Forsyth	JH		August-09	
Franklin	HC	October-08		
Gaston	KC		October-09	
Gates	SW	November-08		
Graham	PA	August-08		
Granville	HC		October-09	
Greene	SW	October-08		
Guilford	JH		October-09	
Halifax	HC	November-08		
Harnett	MH		August-09	
Haywood	DS		October-09	
Henderson	PA		September-09	
Hertford	HC			August-10
Hoke	MH		October-09	
Hyde	PL		November-09	
Iredell	DS		December-09	
Jackson	PA	September-08		

Johnston	MH		December-09	
Jones	PL		February-10	
Lee	MH		April-10	
Lenoir	PL			March-11
Lincoln	KC		January-10	
Macon	PA			September-10
Madison	DS		April-10	
Martin	SW			October-10
McDowell	DS			August-10
Mecklenburg	KC	August-08		
Mitchell	DS			October-10
Montgomery	KC		April-10	
Moore	MH			August-10
Nash	HC			October-10
New Hanover	MH			October-10
Northampton	HC			November-10
Onslow	PL			Septemeber-10
Orange	HC		August-09	
Pamlico	PL	September-08		
Pasquotank	SW			August-10
Pender	PL		September-09	
Perquimans	SW			November-10
Person	HC			January-11
Pitt	SW		October-09	
Polk	PA		October-09	
Randolph	JH		January-10	
Richmond	KC			August-10
Robeson	MH			January-11
Rockingham	JH		April-10	
Rowan	KC			October-10
Rutherford	PA			November-10
Sampson	MH			April-11
Scotland	MH	December-08		
Stanly	KC			January-11
Stokes	JH			August-10
Surry	JH			October-10
Swain	PA	September-08		
Transylvania	PA		December-09	
Tyrrell	PL			February-11
Union	KC			April-11
Vance	HC		November-09	
Wake	HC	March-09		
Warren	HC	January-09		
Washington	PL		March-10	
Watauga	DS			January-11
Wayne	SW			March-11
Wilkes	JH			January-11
Wilson	SW	January-09		
Yadkin	JH			April-11
Yancey	DS			April-11

## Section V

### Economic Services Section Monitoring Plan

#### PURPOSE

The Economic Services Section is responsible for Food and Nutrition Services, Refugee Assistance Programs, and the Low Income Energy Assistance (LIEAP) and Crisis Intervention (CIP) Program components of the Low Income Heating Energy Assistance Program (LIHEAP) Block Grant. Each federally-funded program has different compliance requirements for program and fiscal accountability.

#### OVERVIEW

The Section has two (2) full-time Program Compliance Representative Positions responsible for accomplishing monitoring for the Section. They complete the Management Evaluation reviews for Food and Nutrition Services, monitor Nutrition Education projects, and monitoring of both LIEAP and CIP. In addition, Refugee Consultant for Program Benefits conducts monitoring for Refugee Cash Assistance.

Economic Services Staff Performing Subrecipient Monitoring and Related Support Activities are identified below:

<b>Lead Monitoring Coordinator</b>	
Staff Person	Area of Responsibility
Neil Walters	Food and Nutrition Services, Low Income Energy Assistance-LIEAP, Low Income Energy Assistance-CIP, Food and Nutrition Services Employment & Training, Food and Nutrition Services Nutrition Education, Refugee Assistance
<b>Lead Monitor</b>	
David Locklear	Food and Nutrition Services, Low Income Energy Assistance-LIEAP, Low Income Energy Assistance-CIP, Food and Nutrition Services Employment & Training, Food and Nutrition Services Nutrition Education, Refugee Assistance
<b>Program Compliance Monitors</b>	
Staff Person	Area of Responsibility
Lula Crenshaw	Food and Nutrition Services, Low Income Energy Assistance-LIEAP, Low Income Energy Assistance-CIP, Food and Nutrition Services Nutrition Education
Gerald Hinson	Food and Nutrition Services, Low Income Energy Assistance-LIEAP, Low Income Energy Assistance-CIP, Food and Nutrition Services Nutrition Education
Kathy Evans	Food and Nutrition Services Employment and Training
<b>Support Staff</b>	
Staff Person	Area of Responsibility
Sheryl Cargill	Food and Nutrition Services, Low Income Energy Assistance-LIEAP, Low Income Energy Assistance-CIP, Food and Nutrition Services Employment & Training, Food and Nutrition Services Nutrition Education, Refugee Assistance

## Program Areas and Services to be Monitored

Area	Federal/State Compliance Number	Subrecipients be monitored	Funding Source and Amount* SFY 2007	Review Tool
Food and Nutrition Services	CS-10.551-CL	Attach #	Food and Nutrition Services Administration <b>\$1,106,784,344.00</b>	Attachments A, B and C
Low Income Home Energy Assistance Program-	93.568-2	Attach #	LIHEAP Block Grant <b>\$17,315,919.00</b>	Attachment D
Refugee Assistance	93-566-2	Attach #	US Department of Health and Human Services' Office of Refugee Resettlement <b>\$4,420,692.00</b>	Attachment E

Below is a brief description of the Program Areas and Services to be monitored by the Economic Services section during the state fiscal year.

### Food and Nutrition Services

The Food and Nutrition Services Program provides cash like benefits for eligible low income individuals and families to use to purchase nutritious food. Benefits are based on family size and income; benefits are made available monthly via an Electronic Benefits Transfer (EBT) card. Food and Nutrition Services benefits are accessed through the 100 local county departments of social services. After applicants are determined eligible to receive benefits by their respective county departments of social services, they are issued an EBT (Electronic Benefits Transfer) card to purchase food.

### Low Income Home Energy Assistance Program-LIEAP

LIEAP is a one-time cash payment to help eligible households pay heating bills. The amount of the check is dependent on total dollars allocated to LIEAP, the number of applicants, the heating region in which each resides, heat type and income. Auto eligibility is determined for active Food and Nutrition Services cases who meet the criteria. Walk-in application taking is provided through county departments of social services. Payments are issued in February. Net income must be at or below 110% of the Federal Poverty Level.

### Low Income Home Energy Assistance Program-CIP

CIP is part of the Low Income Home Energy Assistance Program (LIHEAP) Block Grant. Applicants apply for CIP funds to alleviate a heating or cooling-related crisis. Households can receive up to \$300 per state fiscal year. Emergency contingency funds are sometimes released, allowing households to receive an additional \$300 per SFY.



**Refugee Assistance**

The goal of the RAP program is to enable refugees and other specific immigrants achieve economic self-sufficiency as soon as possible by providing them with intensive, refugee-specific public assistance and refugee social services.

The NC Refugee Assistance Program is federally funded by the US Department of Health and Human Services' Office of Refugee Resettlement via formula funding for the three components, Refugee Cash Assistance (RCA), Refugee Medical Assistance (RMA) and Refugee Social Services (RAP-SS). Refugee Assistance Program benefits include transitional cash and medical assistance, health screening benefits, and a wide variety of social services, provided locally by either the local department of social services or private, non-profit agencies under contract with the State of North Carolina. The primary focus is early economic self-sufficiency for the family via employment services such as English Language and vocational skills training, job development and placement, orientation to the workplace and cultural orientation. It is crucial that employment occur as soon as possible after arrival in the US, as it leads not only to, but adds greatly to the integrity of families who seek to establish themselves in a new country and provide for their own needs. The purpose of the Refugee Cash and Medical Assistance program is to provide time-limited cash and medical assistance to refugees.

Supplement Number ( <b>Note A</b> )	State Project/Program	State Subgranting Agency	Types of Compliance Requirements ( <b>Note B</b> )															
			C C	A	B	C	D	E	F	G	H	I	J	K	L	M	N	
<a href="#">10.551-CL</a>	Food and Nutrition Services Program	<a href="#">DHHS-DSS</a>	Y		Y			Y	Y	Y	Y	Y	-	-	Y		-	Y
<a href="#">93.566-3</a>	Refugee Assistance Program - Social Services	<a href="#">DHHS-DSS</a>	Y		Y	Y		Y	Y	-	-	Y	-	-	-	Y	-	-
<a href="#">93.568-2</a>	Low-Income Energy Assistance	<a href="#">DHHS-DSS</a>	Y		Y	Y		Y	-	-	-	Y	-	-	-	Y	Y	Y
<a href="#">93.568-3</a>	Crisis Intervention Program	<a href="#">DHHS-DSS</a>	Y		Y	Y		Y	-	Y	-	Y	-	-	Y	Y	Y	Y

### Types of Compliance Requirements

CC	Crosscutting Requirements	D	Davis-Bacon Act	H/8	Period of Availability of Federal Funds	L/12	Reporting
A/1	Activities Allowed or Unallowed	E/5	Eligibility	I/9	Procurement and Suspension and Debarment	M/13	Subrecipient Monitoring
B/2	Allowable Costs/Cost Principles	F/6	Equipment and Real Property Management	J/10	Program Income	N/14	Special Tests and Provisions
C/3	Cash Management	G/7	Matching, Level of Effort, Earmarking	K/11	Real Property Acquisition and Relocation Assistance	15	Conflict of Interest

### Notes

A. The presence of "CL" in the supplement number indicates that the program is a cluster. See the compliance supplement for composition of the cluster.

B. The presence of "Y" on the matrix indicates this type of compliance requirement may apply to the Federal program. The auditor should use Part 3 of Section A and the compliance supplements in Section B in planning and performing the tests of compliance required by state agencies. This is in addition to the requirements, if any, in the Federal Compliance Supplement reproduced in Section A.

The presence of a dash (-) indicates the program normally does not have activity subject to this type of compliance requirement. Auditors should determine the compliance requirements applicable to the program. The auditor is responsible for reviewing applicable laws, regulations, contract and grant agreements, notifications from awarding agencies and any other applicable documentation in order to determine compliance requirements which could have a direct and material effect on major programs.

## **Core Areas to be monitored**

The OMB Circular A-133 specifies fourteen (14) areas of compliance monitoring. North Carolina has an additional requirement that policies prohibiting conflict of interest be reviewed for non-profit subrecipients. Depending on the program and type of funding, all 14 core areas may not be applicable to the funding source.

The core areas of compliance monitoring involve fiscal monitoring (i.e., review of financial statements and audit findings and internal control questionnaires) and program monitoring (i.e., determination of whether the eligibility criteria were met or review of the scope of work to see if the objectives of the contract have been met). Following is a brief description of each of the core areas:\*

A/1: Activities Allowed or Unallowed: This requirement refers to specific activities identified in the grant agreement, contract, allocation, letters, policy manuals and state or federal regulations that are allowed or that may be unallowed. The purpose of this requirement to provide reasonable assurance that State and Federal funds are used for the intended purposes.

B/2: Allowable Costs/Cost Principles: This requirement seeks to assure that the costs paid to the contractor are reasonable and necessary for the operation and administration of the program and that the subrecipient uses an acceptable method of allocating costs, including indirect costs.

C/3: Cash Management: This requirement is only applicable if the contractor receives an advance of funds from NCDSS of more than 60 days from when the funds would ordinarily be disbursed. In accordance with the DHHS Cash Management Policy, the Controller's Office is responsible for reviewing the cash needs of subrecipients that receive advances every three months to determine whether or not the advance represents more than a 60-day cash requirement.

D: Davis-Bacon Act: This requirement is not applicable to DHHS subrecipients. It is a federal law that applies to contractors with contracts for more than \$2,000 financed by federal dollars where laborers and mechanics are employed.

E/5: Eligibility: This requirement ensures that only those individuals and organizations that meet the eligibility requirements for receiving services or financial assistance from the program participate in the program. The eligibility requirement for an individual diagnosis, risk factors, medical necessity criteria, income, etc. Similarly, an organization may qualify to participate in a program based on the extent to which the type of program and the mission of the organization are consistent with the requirements of the funding source.

F/6: Equipment and Real Property Management: This requirement refers to tangible property that has a useful life of more than one year and costs more than \$5,000. Such equipment may only be purchased per the conditions of the approved contract or grant agreement.

G/7: Matching, Level of Effort, Earmarking: These requirements are specifically addressed in the grant documents, allocation letters, contracts and state or federal regulations.

- Matching refers to the specific amount or percentage of funds the subrecipient is required to match the state or federal grant. The matching portion must be verifiable in the accounting records, incurred during the period of the award, must not be used to meet the match of another program, allowable under cost principles and derived from non-federal or non-state funds unless specifically authorized.

- Level of Effort refers to the specific level of service that must be provided (e.g., the number of clients the subrecipient must serve) or a specified level of service (e.g., maintenance of effort) or the requirement that federal or state funds may only be used to supplement the non-state or non-federal funding of the service.
- Earmarking refers to the requirement that an amount or percentage of a program's funding must be used for specific activities.

H/8: Period of Availability of Federal Funds: This requirement refers to the time period authorized for state and federal funds to be expended. State funds are authorized for the fiscal year (July 1 – June 30); however, NCDSS may allow a subrecipient to carry forward unexpended funds into the next fiscal year. Most federal funds allow additional time after the end of the grant period for obligations incurred during the grant period to be paid.

I/9: Procurement and Suspension and Debarment: This requirement assures that the subrecipient follows the state and federal policies and procedures for procurement, that the subrecipient has not been suspended or disbarred from receiving funding from the state or federal government, and that the subrecipient does not use federal funds to purchase goods or services costing more than \$100,000 from a vendor that has been disbarred by the federal or state government..

J/10: Program Income: The purpose of this requirement is to assure that program income is being used appropriately. This requirement refers to the gross income received by the subrecipient on activities, services or goods purchased with state or federal funds. Program income may be used to provide matching funds when approved by the state or federal agency.

K/11: Real Property Acquisition and Relocation Assistance: This requirement does not apply to DHHS.

L/12: Reporting: Contract administrators are required to monitor the financial, performance and special reporting of the subrecipient in order to provide assurance that funds are being managed efficiently and effectively to accomplish the objectives of the program as specified in the compliance supplement, applicable laws and regulations, and contract or grant agreements.

M/13: Subrecipient Monitoring: Contract administrators are required to provide assurance that any NCDSS subrecipient that subcontracts with another agency monitors the agency with which the subrecipient subcontracts as specified in the compliance supplement for the funding source.

N/14: Special Tests and Provisions: Contract administrators must provide assurance that all special requirements found in the laws, regulations, or the provisions of the contract or grant agreement are monitored appropriately. Such special tests and provisions may relate to fiscal and/or programmatic requirements or may include actions that were agreed to as part of the audit resolution of prior audit findings or in corrective action plans identified as a result of monitoring reviews.

15: Conflict of Interest: This requirement applies to any private, non-profit entity eligible to receive state funds, either by General Assembly appropriation, or by grant, loan or other allocation from a State agency (S.L. 1993-321, Section 16 of the Appropriations Act). An agency official is required to sign a notarized copy of the policy before a contract is executed. Copies of the organization's attestation to the Conflict of Interest Policy is kept by the Contract Management & Development Team in the organization's file. The Division's Conflict of Interest Policy for Private Not-for Profit Agencies can be found in Attachment D.

The applicable compliance requirements for a funding source are outlined in the compliance supplement for the specific federal or state program. In cases where a program is funded by multiple funding sources, the funding source with the most stringent requirements would be the criteria used to monitor the program. The compliance

supplement identifies those core areas which at a minimum must be monitored. Monitors are not precluded from looking at additional areas as long as the minimum core areas are also examined. (See Attachment E for an overview of compliance requirements for each program for which NCDSS is the pass-through entity). Monitoring the compliance requirements helps to fulfill part of the intent of the Federal Financial Assistance Management Improvement Act of 1999 (i.e., to improve the effectiveness and performance of federal financial assistance programs).

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\*Note: With the exception of the Davis-Bacon Act (D) and the Conflict of Interest (15) requirement, the federal and state requirements are the same. The alphabetic code denotes how the federal requirement is referenced. The numeric code is the corresponding state code for that core area.

## **Process to conduct the monitoring**

### **Food and Nutrition Services Program Management Evaluation Reviews**

The United States Department of Agriculture, Food and Nutrition Service (USDA-FNS) requires a county level review of the management of the Food and Nutrition Services Program on a prescribed schedule. Areas covered by the review include timeliness of application and review processing, program access, customer service, compliance with civil rights laws, including Americans with Disabilities (ADA), employment and training activities, claims, payment accuracy, and Nutrition Education programs.

### **Risk Assessment**

Reviews are scheduled according to the size of the Food and Nutrition Services caseload in the county, with the largest (caseload in excess of 15,000) being reviewed every year, the next largest every two years (caseload from 2,000 to 14,999) and the small counties every three years (caseload below 2,000). The review period runs from October through September each year. In FFY 06, reviews will be conducted in forty six (46) counties using the following plan:

**NORTH CAROLINA ME REVIEWS DUE**  
**FFY 2008**

Tentative Schedule

COUNTY	REVIEWER	REVIEW MONTH	COUNTY	REVIEWER	REVIEW MONTH
ANSON	GH	12/07	JONES	LC	6/08
AVERY	GH	10/07	LEE	LC	1/08
BEAUFORT	LC	5/08	LINCOLN	GH	2/08
BRUNSWICK	LC	11/07	MARTIN	LC	2/08
BURKE	GH	12/07	MECKLENBURG	LC	7/08
CABARRUS	GH	12/07	ORANGE	GH	6/08
CALDWELL	GH	11/07	PASQUOTANK	GH	5/08
CASWELL	LC	3/08	PENDER	LC	6/08
CATAWBA	GH	10/07	PERQUIMANS	GH	4/08
CHATHAM	GH	10/07	PERSON	LC	3/08
CLAY	LC	10/07	RICHMOND	LC	6/08
COLUMBUS	LC	7/08	ROBESON	LC	1/08
CUMBERLAND	GH	7/08	ROCKINGHAM	GH	11/07
DAVIE	LC	4/08	RUTHERFORD	GH	1/08
DUPLIN	LC	2/08	SAMPSON	LC	12/07
DURHAM	GH	4/08	STANLY	GH	2/08
FORSYTH	GH	3/08	SURRY	GH	5/08
FRANKLIN	GH	6/08	SWAIN	LC	10/07
GASTON	GH	1/08	TYRRELL	LC	2/08
GUILFORD	LC	5/08	UNION	GH	2/08
HAYWOOD	LC	3/08	WAKE	GH	7/08
HENDERSON	GH	11/07	WARREN	LC	4/08
IREDELL	GH	3/08	WASHINGTON	LC	2/08
JACKSON	LC	10/07	WILKES	GH	1/08
JOHNSTON	LC	11/07	YANCEY	LC	3/08

**Instructions for Conducting the Review**

In preparation for the review, the Automation/Performance Reporting Section selects a random sample of cases for the monitor to review on-site during the review. Samples are pulled according to a logarithm accepted as standard practice for such activities. Samples are pulled for cases transferred to Transitional Food and Nutrition Services, and a separate sample of approved and denied cases containing a representation of the racial/ethnic profile of the Food and Nutrition Services caseload in the county for civil rights and application processing compliance. Case sample sizes are:

Small counties (fewer than 2,000 cases):

- 5 Transitional FNS Cases
- 10 Civil rights and application processing reviews
- 5 Intentional Program Violation claims cases or a combination if there are fewer than 5 IPV's in the sample period, review all

Medium and Large counties:

- 10 Transitional FNS Cases
- 20 Civil rights and application processing reviews
- 5 Intentional Program Violation claims cases or a combination if there are fewer than 5 IPV's for the sample period, review all

Part of the ME review process requires interviews with the Director of the Department of Social Services (or his/her designee), the Food and Nutrition Services supervisor, a caseworker, the Program Integrity worker, a client, and a community representative who is knowledgeable of any problems that may exist regarding civil rights and program access. All work papers and a copy of each summary is maintained on the 10<sup>th</sup> Floor in the Albemarle Building.

The Food and Nutrition Services Program also funds Nutrition Education projects through contracts with the providers. Approved projects operate in one or more counties to provide nutrition education to the Food and Nutrition Services eligible population regarding healthy eating and activities to extend and prolong health and life. The monitor conducts a programmatic and fiscal review of activities both at the site and at University offices for those projects directed through the Cooperative Extension Service. Completed review documents are maintained on 10<sup>th</sup> floor in the Albemarle Building.

Attached are copies of the ME Review Guide as approved by USDA-FNS (summary plus 3 case review sheets), the Nutrition Education Monitoring Guide, and the Employment and Training Monitoring Guide (2 review sheets plus summary template).

### **Low Income Home Energy Assistance Program**

#### **Purpose of Review**

The purpose of the review is to promote uniform application of Low Income Home Energy Assistance Program Block Grant funds for the Low Income Energy Assistance Program (LIEAP) by all county departments, identify weaknesses which would affect the quality of services to recipients, and provide technical assistance to improve the efficiency and effectiveness in administering a quality program.

#### **Risk Assessment**

All DSS agencies are assessed on the ability to comply with program rules and regulations that govern the LIEAP Program. Monitoring in the LIEAP programs consists of two different processes: All counties complete a self-monitoring instrument for LIEAP. The completed documents are reviewed by the Food Assistance and Energy Programs Representatives for completeness and areas of deficiencies. The Program Compliance Reviewers also review 20 counties annually for LIEAP using the self-monitoring guide and conducting a case review of a random selection of approved and denied cases to assess accuracy and adherence to written policy and procedures. Payments are subject to the county single audit as well.

Reviews scheduled for SFY 07-08 are:

<b>County (Select every 5<sup>th</sup> county starting with 05)</b>	<b>County</b>
Ashe	Lincoln
Brunswick	Mecklenburg
Camden	New Hanover
Cherokee	Pasquotank
Craven	Polk
Davie	Rowan
Franklin	Stokes
Greene	Union
Henderson	Watauga
Jackson	Yancey



## **Crisis Intervention Program**

### **Purpose of Review**

The purpose of the review is to promote uniform application of Low Income Home Energy Assistance Program Block Grant funds for the Crisis Intervention Program (CIP) by all county departments, identify weaknesses which would affect the quality of services to recipients, and provide technical assistance to improve the efficiency and effectiveness in administering a quality program.

### **Risk Assessment**

All DSS agencies are assessed on the ability to comply with program rules and regulations that govern the CIP Program. The Program Compliance monitors review 40 counties annually for LIEAP by conducting a case review of a random selection of approved and denied cases to assess accuracy and adherence to written policy and procedures. CIP automated system reports are also reviewed for potential duplicates and adherence to application processing timeframes. Payments are subject to the county single audit as well. Reviews planned in SFY 06 are:

<b>County (Select every 5<sup>th</sup> county starting with 01)</b>	<b>County Select every 5<sup>th</sup> county starting with 03)</b>
Alamance	Alleghany
Avery	Bertie
Buncombe	Cabarrus
Carteret	Catawba
Chowan	Cleveland
Cumberland	Dare
Duplin	Edgecombe
Gaston	Graham
Guilford	Harnett
Hertford	Hyde
Johnston	Lee
Macon	Martin
Mitchell	Moore
Northampton	Orange
Pender	Person
Randolph	Robeson
Rutherford	Scotland
Surry	Transylvania
Vance	Warren
Wayne	Wilson

### **Instructions for Conducting the Review**

Reviewers evaluate periodic Applications Keyed Listing Reports for trends in overdue pending cases. Five cases are selected from the Applications Keyed Listing sample of denied cases. Ten approved cases are selected the Applications Keyed Listing. The Adjustment Report is also reviewed to determine if adjustment reasons are documented clearly. The DSS CIP Cases with Matching Address Report is used to evaluate up to 8 cases on the report (some have fewer than 8 entries on them) and review all the cases in the system for each.

Contact the county contact person for CIP to review the findings, clarify or resolve any outstanding or unclear issues, and advise of any corrective action needed prior to publication of the summary and letter.

Attached is the CIP Program monitoring guide used by Program Compliance Representatives to conduct and report case reviews. All work papers for these reviews are maintained on 10<sup>th</sup> floor in the Albemarle Building.

### **Refugee Cash Assistance Program**

#### **Purpose of the Review**

The purpose of the RCA review is to ensure that all county departments of social services are applying Refugee Cash Assistance policy correctly in compliance with federal ORR regulations, state policies including the NC State Refugee Plan and the Division of Social Services RCA policy manual. Any weaknesses/errors identified via the monitoring will be addressed by the local DSS via a corrective action plan. The State Refugee Office staff will provide technical assistance as needed to improve compliance with applicable regulations and ensure satisfactory service to the refugee customer.

#### **Risk Assessment**

Four counties (Buncombe, Guilford, Mecklenburg, and Wake) provide the majority of refugee cash assistance to eligible individuals. Monitoring is conducted for these four counties annually and monitoring for the remaining small counties is completed upon identification of applicable program activity. A sample of the active cases from each of the four primary counties in which refugee cash assistance is authorized will be selected for review from the three previous months prior to the month in which the monitoring occurs. The monitoring sample depends on the size of the county's previous performance, and other factors identified by the Refugee Program staff. In no instance, will the sample size from these four counties be less than 15 per year, unless the total number of eligible individuals falls under that number. For some counties, the refugee cash assistance caseload is very small. In situations where counties have less than 20 eligible individuals for the year, the Refugee Program staff will randomly select a "small county" sample. The sample will be 1-5 cases from the pool of small counties with approved Refugee Cash Assistance cases in the current state fiscal year. The current list of counties for reviews are:

Alexander	Forsyth	Orange	Union
Buncombe (on site)	Gaston	Randolph	Wake
Burke	Guilford (on site)	Richmond	Wayne
Catawba	Iredell	Rowan	Craven
Durham	Mecklenburg	Stanly	

(Unless noted, monitoring is being completed via desk review)

## Instructions for Conducting the Review

Cash assistance cases will be selected for review from the monthly Refugee Cases and Recipients by Program report prepared by the Performance Reporting Section. Refugee Program staff will monitor the refugee cash assistance cases in one of three ways. The first method will involve staff in county departments of social services. The Refugee Consultant for Program Benefits will randomly select the cases to be reviewed and the month/s for which eligibility is to be reviewed in February each year based on the universe of cases active between July 1 and December 31 of the immediately preceding calendar year. Fifteen cases are reviewed for each county selected unless there are fewer than 15 and all cases are then reviewed.

1. Upon notifying the county of the selected cases, a county department of social services supervisor or lead worker will complete the monitoring tool for each case and photocopy appropriate documentation to support the findings, i.e., alien status documents, EIS screen prints, wage verification, etc.
2. Upon completion of the review documents, the county department of social services will send each completed form with appropriate supporting documentation to the State Refugee Office.
3. The Refugee Consultant for Program Benefits will analyze the monitoring results and a compliance letter will be prepared and mailed to the respective county department of social services.
4. If a county requires corrective action, the Refugee Consultant for Program Benefits will assist with the development of any corrective action needed and later verify that such corrective action was implemented.

The second method for monitoring will involve the Refugee Consultant for Program Benefits conducting an on-site review of approved RCA records and internal fiscal controls for this program. In this situation, the Refugee Consultant will directly monitor the case files, view verifications, and monitor fiscal controls on-site. Findings will be noted within the comment section of the monitoring tool along with the method of verification. Significant findings will be communicated both verbally at the time of review and later in writing. If a county requires corrective action, the Refugee Consultant will assist with the development of any corrective action needed and later verify that such corrective action was implemented.

The third monitoring method is for the NC State Refugee Consultant for Program Benefits to conduct a desk review of RCA cases using EIS, FSIS and other on-line information. Findings will be noted within the comment section of the monitoring forms. Significant findings will be communicated in writing to the appropriate agency. If a county requires corrective action, the Refugee Consultant will assist the county in developing any corrective action needed and later verify that such corrective action was implemented.

All work papers, correspondence and corrective action plan documents are maintained in the Refugee Program office located on the 10<sup>th</sup> floor of the Albemarle Building for the required retention period. A sample of the case review guide is attached.

## **Risk Assessment**

All participating DSS agencies are assessed on the ability to comply with program rules and regulations that govern the Energy Neighbor Program. The Program Compliance monitors review 4 counties annually by conducting a case review of a random selection of approved and denied cases to assess accuracy and adherence to written policy and procedures.

## Instructions for Conducting the Review

Five denied cases and ten approved cases are selected based on documentation provided by the county for Energy Neighbor applicants. Contact the county contact person for crisis programs to review the findings, clarify or resolve any outstanding or unclear issues, and advise of any corrective action needed prior to publication of the summary and letter.

## **Maintenance of Monitoring Documentation**

Monitoring tools, relevant verification information, compliance findings, corrective action plans, initial and follow-up correspondence will be maintained in the Economic Services Section, 10<sup>th</sup> Fl. Albemarle Building, 325 N. Salisbury Street, Raleigh, NC. Records will be maintained according to the North Carolina Records Retention Policy. Required information from all economic services monitoring activities will be entered into the DHHS monitoring data base by the current Program Compliance Monitors. The year end report is completed after all county monitoring documentation has been entered in the data base after the close of the fiscal year.

## Section V Attachments

*Section V Attachment A – Food Stamps – Customer Service*

*Section V Attachment B – Food Stamps –Food Stamp Nutrition Education Monitoring*

*Section V Attachment C – NCDSS Food Stamp Employment and Training ( FS E&T) /Career Start (CS) County DSS Monitoring Report*

*Section V Attachment D – Low Income Home Energy Assistance Program – LIEAP  
Low Income Home Energy Assistance Program - CIP*

*Section V Attachment E – Refugee Assistance –Refugee Cash Assistance Eligibility Monitoring Guide*

## CUSTOMER SERVICE

**I.**

- A. Do the county's application processing rates for normal and emergency service cases meet or fall below the state tolerance level?
- B. How is Food and Nutrition Services Program information made available for potential recipients, particularly households leaving Work First (TANF)?**
- C. Conduct a case file review for households leaving Work First (TANF) that have been transferred to Transitional Food and Nutrition Services. Summarize findings.
- D. Is the county required to prepare a corrective action plan based on the case file review?
- E. How does the agency ensure program access to all households, especially for groups such as LEP (Limited English Proficiency), the elderly and working poor for whom normal case processing may create barriers?
- F. Is each applicant/recipient afforded the opportunity to apply for and be interviewed for Food and Nutrition Services benefits on the same day he/she applies for other benefits, including Work First?
- G. Are there prominent signs both outside and inside the facility to direct Food and Nutrition Services applicants to the agency? Are the required Food and Nutrition Services Program posters displayed in the agency?
- H. What are the county's hours of operation?
- I. Do the hours of operation adequately meet the needs of applicants/recipients?

County Department of Social Services  
Application Processing and Caseload Statistics

	% OVERDUE RATE					
Month	Apps. Taken	Apps. Approved	Apps. Denied	Ongoing Caseload	Emergency Processing	Normal Processing
Average				XXXXX		

## II. PAYMENT ACCURACY / CORRECTIVE ACTION

- A. Does the agency Food and Nutrition Services payment accuracy rate meet or exceed the state tolerance level or county goal?
- B. If the answer is “NO”, describe corrective action measures in place to improve its error rate. Does the agency participate in payment accuracy meetings?
- C. Have there been corrective action requirements for other areas of the Program placed on the agency during the past 12 months? Are the corrective action strategies effective?
- D. Was the agency required to implement corrective action as the result of the last ME review? What is the status of the corrective action?

## III. CIVIL RIGHTS

Is everyone given an equal opportunity to participate?

**Is Civil Rights training conducted annually in the agency?**

**Have there been any Civil Rights complaints in the past 12 months?**

**Is the agency aware of correct procedures for handling Civil Rights complaints?**

**Does the agency follow correct procedures for fair hearings (state appeals)?**

**Summarize results of contact made with a grassroots community representative (community or church leader, community action program) regarding Civil Rights issues and program access concerns related to the Food and Nutrition Services program.**

**Conduct a Case File Review to evaluate potential inequity in application processing and appropriate denials. Summarize findings.**

**Total reviewed=XX**

**Races represented: White=XX   Black=XX   Other=X Hispanic=XX**

## IV. PROGRAM ACCESS

**This information was provided in interviews with the following individuals:**



- A. How long does an applicant usually wait to be interviewed?**
- B. Review the Intake Log. Is each applicant's arrival and time seen logged?**
- C. In what languages other than English are application materials and other program information made available?**
- D. How are application forms made available to applicants? Are blank applications readily accessible or must an applicant request one?**
- E. Are all applications screened for eligibility for expedited service? When is it done and who does it?**
- F. What happens if someone walks into the office five minutes before closing time?**
- G. If someone calls and asks for a Food and Nutrition Services application, what is he told?**
- H. How many applications does an intake worker conduct in a day? If initial application appointments are given, what is the estimated rate of no shows?**
- I. How are the number of applications received each day tracked? Is the applications log reconciled with FSIS to ensure all applications are registered as required?**
- J. What is the procedure for issuance of expedited benefits if a case is determined to be eligible for expedited service after the interview is conducted?**
- K. What happens if an applicant fails to keep a scheduled application interview appointment?**
- L. What happens if an applicants signs an application but cannot wait to be interviewed?**
- M. What is the procedure if someone wants to apply for other assistance in addition to Food and Nutrition Services?**
- N. Do you have any special considerations or provisions for elderly or disabled clients?**
- O. Do you refer pregnant Food and Nutrition Services applicants or those with children under age 5 to the WIC Program? If yes, what is the process?**

- P. The most recently established Food and Nutrition Services participation rate as a percentage of potentially eligible individuals is %. What outreach activities are being pursued to positively influence the participation rate?**

## **V. RECIPIENT CLAIMS / LOST BENEFIT RESTORATION**

- A. Describe the process used to initiate referrals and to establish claims. How many referrals are generated each month? Is there one or more staff dedicated to Program Integrity functions?**
- B. Review the Referrals Entered/Processed Timely-Unassigned Cases Reports FRD-204 for the two months prior to the review. Who assigns referrals? Are cases assigned timely?**
- C. Review Case Detail by Investigator ID Reports, FRD-420. Are referrals processed within timeframes specified in program policy?**
- D. Review Caseload Statistics by Investigator ID, FRD 421 reports for the previous quarter for each Investigator ID. Are new referrals being received, and accepted? Are cases being completed?**
- E. Review the analysis of claims activity with counties of similar size Food and Nutrition Services caseloads. Are a comparable number of referrals being made? Are a comparable number of claims being established? Is money being collected on outstanding claims?**
- F. Are claims resulting from QC overissuances and underissuances established within a reasonable timeframe?**
- G. Are claims resulting from Fair Hearings established within timeframes specified in program policy?**
- H. Describe agency procedures for accepting, handling, and posting cash payments to EPICS.**
- I. Review the Investigator's Maintenance Report FRD-425. Describe activity to collect outstanding claim balances.**
- J. Review the Monthly Listing of Disqualified Recipient Records Report FRD-419. Describe the activity initiated based on this report.**
- K. Conduct a review of IPV claims case files. Summarize results.**

**FNS Management Evaluation**Attachment B  
**IMMEDIATE ACTION []****APPLICATION PROCESSING REVIEW SHEET**

County: \_\_\_\_\_ Worker: \_\_\_\_\_ Date of Review: \_\_\_\_\_ Reviewer: \_\_\_\_\_

FSIS #: \_\_\_\_\_ Case Name: \_\_\_\_\_ Race \_\_\_\_\_

Appl. Date \_\_\_\_\_ Appl. Proc. Date \_\_\_\_\_ Days Pending \_\_\_\_\_

C= Correct      X= Incorrect      NA= Not Applicable

ELEMENT	COMMENT
1. Did the IMC correctly approve, deny, pend ,or withdraw the application?	
2. Were the necessary verifications requested to determine eligibility?	
3. Was the case timely processed upon receipt of requested verification(s)?	
4. Did the IMC offer applicant assistance in obtaining the necessary verifications when documentation indicates assistance was requested?	
5. Other	

(INDICATE ELEMENT NUMBER AND SPECIFIC COMMENTS)

Rev. 9/2003

## Food and Nutrition Services Management Evaluation

Claims Review Checklist  
Program Integrity

Case Name: \_\_\_\_\_ Worker: \_\_\_\_\_ FSIS No. \_\_\_\_\_

County \_\_\_\_\_ AE \_\_\_\_\_ IHE \_\_\_\_\_ IPV \_\_\_\_\_ Reviewer \_\_\_\_\_ Date \_\_\_\_\_

√ = Correct

X = Incorrect

N = Not Applicable

√ X N

COMMENTS

1.	Was the claim appropriate?		
2.	Was the referral for investigation submitted timely by the source?		
3.	Was the period of overissuance correct? (10-10-10, 10 <sup>th</sup> of the month following month of change rule vs. false statement)		
4.	Was the DSS-1682 completed in full and correctly?		
5.	Was the reason for the overissuance and the reason for the category assigned to the claim thoroughly documented?		
6.	Were verifications complete?		
7.	Was participation checked?		
8.	Was the case entered into EPICS and updated?		
9.	Was the IPV disqualification imposed timely and entered into EPICS?		
9.	Were claims establishment timeliness standards met?		
10.	Was a repayment agreement attempted/signed for non-participating households?		
11.	Other		

For additional comments, indicate number of the element with specific comment:

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IMMEDIATE ACTION \_\_\_\_\_

WFFA TERMINATION/WD REVIEW SHEET

County: \_\_\_\_\_ Worker: \_\_\_\_\_ Date of Review: \_\_\_\_\_ Reviewer: \_\_\_\_\_

WFFA Case #: \_\_\_\_\_ FSIS #: \_\_\_\_\_ Case Name: \_\_\_\_\_

ELEMENT	COMMENT
1. Reason WFFA terminated/withdrawn?	
2. Was DSS-8194 received from WFFA?	
3. Effective date of termination/withdrawal?	
4. Reason FNS terminated/withdrawn?	
5. Effective date of FNS termination/withdrawal?	
6. Was case transferred to Transitional FNS? Effective date of transfer?	
7. Was FNS termination/withdrawal appropriate? If no, explain below.	

(INDICATE ELEMENT NUMBER AND SPECIFIC COMMENT)

**FFY 2008 Food and Nutrition Services Nutrition Education Monitoring  
Program Integrity Review Tool**

**Program Name:**

**Program Contact/Title:**

**Date of Review:**

**Interviewers:**

**Task: Interview program contact for the following information:**

Briefly describe your program, including the following:

**Who are the persons/title who performs work for the program?**

**Who is the target audience, and how are program participants identified?**

**How often and where is the activity conducted, and how long does the activity last?**

**Did the program operate as planned for the period October 1, 2006 through current date?**

**Are there any factors that affected your ability to operate as planned? If yes, please describe.**

**Ensure all elements are consistent with the approved plan.**

Topic/Question	Comments		
<b>A. Audience</b>			
1. What procedure(s) are used to assure that the target audience is eligible for FNSNE services?			
2. Are program records being kept for the required three year period?	YES	NO	
<b>B. Staffing, Training and Competency (Optional)</b>			
1. Is the number and type of staff ( <i>credentials and skills</i> ) adequate to achieve the lesson objectives?	YES	NO	
2. Is there a system to evaluate local staff competency?	YES	NO	
3. Is there evidence of on-going training?	YES	NO	
4. Is there evidence of an overall quality assurance system, i.e., program manuals, curriculum guides, program forms?	YES	NO	
5. Are the staff duties/responsibilities performed consistent with the approved plan (and position description)?	YES	NO	
<b>C. Lesson Materials</b>			
1. Is the USDA recommended non-discrimination statement on materials?	YES	NO	
2. Is a FNSP public education outreach message on appropriate materials and reinforcement items?	YES	NO	
3. Is a FNSP funding statement on appropriate materials and reinforcement items?	YES	NO	
4. Are multi-language materials available if applicable?	YES	NO	
5. Are printed materials free from disparaging remarks regarding single foods, commodities, or industries?	YES	NO	
<b>D. Coordination</b>			
1. How is the local food stamp agency involved?			
2. What cross-program (SNAP*) collaboration with other FNS nutrition assistance programs is taking place?			
3. Do FNSNE activities duplicate	YES	NO	

efforts of other existing nutrition education programs?			
4. Is there evidence of coordination or collaboration with other local nutrition assistance programs?	YES	NO	
5. Were any referrals made to or received from other human service programs?	YES	NO	
<b>E. Evaluation</b>			
1. Is the program being evaluated? How?	YES	NO	
2. What is done with evaluation results?			
<b>F. Civil Rights Compliance</b>			
1. Is there evidence of annual civil rights training?	YES	NO	
2. Is there a procedure in place to handle civil rights complaints?	YES	NO	
3. Have there been any civil rights complaints within the last 12 months?	YES	NO	
4. Is bi-lingual staff available as needed?	YES	NO	
5. Is staff respectful of the target audience?	YES	NO	



<b>G. State Agency Assessment</b>			
1. Are there any recommendations for improvement specific to this review?			
2. What best practices were observed at this site?			
3. Does the project/activity raise any concerns with regard to allowability, legality, public scrutiny, product disparity, lobbying activities, etc.?	YES	NO	

**\*State Nutrition Action Plan**

**Overall comments, observations or corrective actions:**

**Lesson Observation Review Tool**

Name of educator being observed: \_\_\_\_\_

Location: \_\_\_\_\_ Date: \_\_\_\_\_

Length of lesson \_\_\_\_\_ Obtain a participant list (Optional)

<b>Topic/Question</b>	<b>Comments</b>		
<b>A. Needs Assessment</b>			
1. How was the lesson topic selected for this audience?			
2. How was the educational strategy selected for this audience?			
<b>B. Lesson Objectives</b>			
1. What are the goal(s) and objective(s) of the lesson?			
2. Which State goal(s) and objective(s) does the lesson support?			
<b>C. Audience</b>			
1. What procedure(s) are used to document audience attendance?			
2. Is there a system to document unduplicated contacts and audience demographic data?	YES	NO	
3. Is the audience consistent with the approved exclusivity waivers?	YES	NO	
4. Is the location/site conducive for learning?	YES	NO	
5. Is the lesson offered at a time period that is appropriate to the audience?	YES	NO	

6. Did the educator have a good rapport with the audience?	YES	NO	
7. Did the audience actively participate throughout the lesson?	YES	NO	
<b>D. Educator</b>			
1. Is information presented in a culturally sensitive manner?	YES	NO	
2. Did the educator treat all participants respectfully?	YES	NO	
3. Is educator knowledgeable about the information?	YES	NO	
4. Was the educator well prepared?	YES	NO	
<b>E. Content</b>			
1. Are lesson activities and materials allowable as outlined in the FNSNE Plan Guidance and approved State FNSNE Plan?	YES	NO	
2. Are lesson strategies designed to change behavior and appropriate for the audience?	YES	NO	
3. Was information relevant to audience?	YES	NO	
4. Are recipes/cooking demonstrations appropriate and related to lesson content?	YES	NO	
5. Did the recipe provide sample sizes rather than meal sized portions?	YES	NO	
6. Was the required FNSP public education outreach message communicated?	YES	NO	
7. Was lesson content free from disparaging remarks regarding single foods, commodities, or industries?	YES	NO	
8. Was content of lesson consistent with U.S. Dietary Guidelines for Americans and My Pyramid?	YES	NO	
<b>F. Lesson Materials</b>			
1. Do lesson materials reflect current information, appropriate literacy levels and cultural relevancy?	YES	NO	
2. Are USDA materials used where appropriate?	YES	NO	
3. If reinforcement items are provided, do they contain a nutrition message that reinforces the lesson content?	YES	NO	
4. Is a FNSP public education	YES	NO	

outreach message on all appropriate materials and reinforcement items?			
5. Is the USDA recommended non-discrimination statement on materials?	YES	NO	
6. Is the FNSP funding statement on all appropriate materials and reinforcement items?	YES	NO	
<b>G. Evaluation</b>			
1. Was the lesson evaluated? How?	YES	NO	
2. Do participants indicate they intend to use the knowledge and skills learned?	YES	NO	
<b>H. Civil Rights Compliance</b>			
1. Are program participants aware of how to make a complaint?	YES	NO	
2. Is the program site accessible to all?	YES	NO	

**Overall comments, observations, or corrective actions:**

**Fiscal Integrity Review Tool**

Location: \_\_\_\_\_

Date: \_\_\_\_\_

Position Title and Name: \_\_\_\_\_

Topic/Question	Comments		
<b>A. Overall Fiscal Integrity</b>			
1. Did the FNSNE program(s) being reviewed provide all items requested?	YES	NO	
2. Does the State implementing agency conduct reviews of local operations?	YES	NO	
3. Are local operations reviewed or is it limited to central financial operations?	YES	NO	
4. Are records maintained for at least three years plus the current year?	YES	NO	
5. Is there a system in place to adequately and accurately track FNSNE expenditures and cost documentation?	YES	NO	
6. Are all FNSNE expenses (e.g. personnel/employment) treated the same under the Federal share as they are under the State share?	YES	NO	
7. Are expenditures in accordance with the local budget?	YES	NO	
<b>B. Applicable Cost Principles</b>			
1. Are expenses claimed under the FNSNE Federal and State/local share budgets necessary and reasonable for the provision of nutrition education to FNSP eligibles?	YES	NO	
2. Are FNSNE costs treated consistently?	YES	NO	
3. Does documentation confirm that FNSNE costs are not included as a cost in any other project?	YES	NO	
4. Does documentation confirm that FNSNE activities do not supplant (i.e. take the place of) nor duplicate the efforts of any other existing nutrition education programs or requirements (e.g. EFNEP, WIC, Head Start)?	YES	NO	
5. If the project is not exclusively	YES	NO	

serving FNSP recipients and is not considered a "Category 2 site" (FNSP/TANF offices, Public Housing, Food Banks/Pantries), do they have an FNS-approved waiver documenting what percentage (must be $\geq 50\%$ ) of the program audience are FNSNE eligible, i.e. $\leq 185\%$ poverty?			
6. If the target audience is less than 50% low-income per the exclusivity waiver, are expenses prorated based on the percentage of FNSP eligibles ( $\leq 130\%$ federal poverty level) including social marketing campaigns, meetings, surveys, classes, etc?	YES	NO	
<b>C. Invoicing and Reimbursement</b>			
1. Is there a process for approving invoices?	YES	NO	
2. Do expenditure tracking systems work as prescribed?	YES	NO	
3. Are requests for reimbursement submitted within a reasonable timeframe? What is the timeframe? <i>(optional question)</i>	YES	NO	
4. Do FNSNE projects invoice subcontractors in a timely manner and are these invoices submitted and reimbursed in a timely manner? <i>(optional question)</i>	YES	NO	
5. Is reimbursement of FNSNE expenditures based on adequate documentation of <b>both Federal and State/local share costs</b> ?	YES	NO	
<b>D. Contracts and Agreements (Optional Section)</b>			
1. Are contracts procured through competitive bid procedures according to Federal and State regulations/procedures, and are they necessary and reasonable?	YES	NO	
2. Are contract agreements executed for all third party services?	YES	NO	

<b>E. General Federal Share Expenditures Documentation</b>			
1. Is all documentation for expenditures provided to support the request for reimbursement and do they confirm that costs are allowable, reasonable and necessary?	YES	NO	
<b>F. General State/Local Share Expenditures Documentation</b>			
1. Is all documentation for expenditures provided to support the request for reimbursement and do they confirm that costs are allowable, reasonable and necessary?	YES	NO	
2. Are State/local share funding sources shown on the request for reimbursement and does such documentation confirm that State/local share monies are NOT derived from Federal sources?	YES	NO	
3. Are sources of State share funds appropriately documented, allowable and not used as State match for another Federal program?	YES	NO	
<b>G. Time and Effort</b>			
Review a recent sample of time and effort records, payroll records and invoices that reflect staff time claimed under both the Federal and State/local share budgets. Verify that salaries and wages are correctly documented on invoices and based on actual payroll documentation.			
1. Are salaries reasonable/necessary (e.g. no physician salaries, etc.) and do they support FNSNE delivery to FNSP eligibles?	YES	NO	
2. Is staff time spent on the program consistent with the FNSNE Plan and subcontractor agreements and do the time sheets reflect allowable activities performed for the FNSNE program?	YES	NO	
3. Is time spent on FNSNE reported by hours (versus percentage of time) and based on actual time (versus projected)?	YES	NO	

4. When accounting for time and effort of staff committing less than 100% time to FNSNE, is the total cost, including time not worked (annual and sick leave) computed and charged as required by FNS?	YES	NO	
5. Do time records for all staff committing less than 100% time to FNSNE, both paid and volunteer, meet one of the three accepted methodologies for FNSNE – 1) time records retained on a minimum of a weekly basis, 2) Plan Confirmation supported by documentation of HHS approval, or 3) a federally approved random moment time study?	YES	NO	
6. Do staff (paid and volunteer) who claim 100% of their time as FNSNE, retain semi-annual certifications that confirm they work solely on FNSNE?	YES	NO	
7. Are time records and certifications signed by both employees and immediate supervisors?	YES	NO	
8. Are salaries and wages correctly documented on invoices and based on actual time and effort documentation?	YES	NO	(Where employees work on multiple activities or cost objectives, distribution of salaries or wages must be supported by reports of an after-the-fact distribution of actual activity and account for the total activity for which compensated.)
9. Are fringe benefits correctly documented?	YES	NO	
<b>H. Travel</b> Review a recent sample of records for travel (e.g. vouchers, mileage logs, invoices, etc.) claimed under <i>both the Federal and State/local share budgets</i> .			
1. Are in-state and out-of-state travel expenditures consistent with approved FNSNE Plan?	YES	NO	
2. Is budgeted employee travel consistent with the FNSNE Plan and in accordance with state travel regulations?	YES	NO	
3. Are no more than 4 staff funded for each trip to an out-of-state destination or a national-level meeting/conference?	YES	NO	
4. For staff that commit less than	YES	NO	

100% of their time to FNSNE, are their non-FNSNE specific travel expenses (e.g. to a general nutrition conference) pro-rated based upon their percentage of time spent on FNSNE?			
<b>I. Equipment Inventories</b>			
1. Is there a process for requesting supplies and equipment for FNSNE activities?	YES	NO	
2. Does the project maintain inventory records for all equipment partially or fully funded through FNSNE and does the FNSNE inventory list match equipment and supplies observed during the site visit?	YES	NO	
3. Is a physical inventory conducted at least every two years for equipment paid partially or fully with FNSNE funds?	YES	NO	
4. Where equipment costs are shared by several programs, including FNSNE, are these costs allocated (i.e. cost-shared) and documented appropriately?	YES	NO	
5. Has the project requested prior Federal approval for all equipment items that cost \$5000 or more?	YES	NO	
<b>J. Space</b>			
1. Is reimbursement for publicly-owned space calculated using a FNSNE-accepted methodology (e.g. depreciation, use allowance or FNS standard space calculation)?	YES	NO	
2. Where space costs are shared by several programs, are the FNSNE costs allocated based on FNSNE FTE's and documented appropriately?	YES	NO	
<b>K. Indirect Costs</b>			
Note that rates for colleges/universities may not exceed 26%.			
1. Does the FNSNE project have a current and allowable indirect cost rate, approved by the cognizant agency?	YES	NO	



<b>L. Program Income</b>			
1. Is any profit realized by the FNSNE project (e.g. from curricula/material sales), reported as income on form SF-269?	YES	NO	
<b>M. Miscellaneous Allowable Cost Issues</b>			
1. Do all FNSNE educational reinforcement items cost no more than \$4 each and are they allowable, reasonable and necessary?	YES	NO	
2. Is FNSNE funding for garden-based activities limited to the educational component and exclusive of supplies, tools, land, etc.?	YES	NO	
3. Is FNSNE funding for activities related to physical activity limited to one-time demonstrations or events (e.g. no ongoing exercise classes) and provided within the context of nutrition?	YES	NO	
4. Is FNSNE funding for staff trainings and meetings based on allowable topics and exclusive of refreshments/meals (unless circumstances meet FNS criteria)?	YES	NO	
5. Are professional membership fees limited to institutional memberships (NOT personal or individual membership fees)?	YES	NO	

**Overall comments, observations, or corrective actions:**

**NORTH CAROLINA DIVISION OF SOCIAL SERVICES  
FOOD AND NUTRITION SERVICES EMPLOYMENT  
AND TRAINING (FNS E&T) / CAREER START (CS)  
COUNTY DEPARTMENT OF SOCIAL SERVICES (DSS) MONITORING REPORT**

Monitoring Site:

Date:

Participants: Department of Social Services:

Division of Social Services: **Kathy Evans, Food and Nutrition Services& Energy Programs (FNSEP)  
Consultant**

Number of Cases in Review Sample: **20**      Number of Cases Reviewed at DSS: **16**  
Number of Cases Reviewed at CC: **12**      Number of Cases Reviewed at ESC: **11**

Sample Drawn from the Period:      through

\*\*\*\*\*

**I. CASE FILE REVIEW:**

**A. Cases Reviewed Because the Community College (CC) and/or the Employment Security Commission (ESC) Could Not Locate a Record on the Participant**

1. Of the cases reviewed, **3** had copies of the CS/NCSES-2624 and/or the CS/NCSES-2625 in the DSS case files, indicating that the CC and/or the ESC should have the records.

a. Of the cases above, **1** still has time left in the certification period and a copy of the CS/NCSES-2624 needs to be sent to the CC and/or the ESC if the individual is still required to participate in the FNS E&T / CS program.

b. Of the cases above, **2** have been closed and no action is necessary on the cases.

2. Of the cases reviewed, **2** did not have copies of the CS/NCSES-2624, indicating that the cases were not referred to the CC and/or the ESC.

a. Of the cases above, **N/A** still have time left in the certification period and a CS/NCSES-2624 needs to be sent to the CC and/or the ESC if the individual is still required to participate in the FNS E&T / CS program.

b. Of the cases above, **1** has been closed and no action is necessary on the case.

c. Of the cases above, **1** was incorrectly entered as E&T work registered in the Food and Nutrition Services Information System (FSIS) and a referral was not required. If the individual remains deferred or exempt, update FSIS appropriately; if the individual is now required to participate in the FNS E&T / CS program, send a CS/NCSES-2624 to the CC and/or the ESC.

**B. Cases Reviewed to Determine the Action Taken by the DSS Upon Receipt of the CS/NCSSES-2625's From the CC and/or the ESC**

1. Of the cases reviewed, 4 had been handled in an appropriate and timely manner.
2. Of the cases reviewed, either no action, incorrect action, or incomplete action had been taken on 6 cases.
  - a. Of these cases, 4 have time left in the certification period and appropriate action needs to be taken.
  - b. Of these cases, 1 has been closed, but the individual needs to be notified of his/her disqualification due to non-compliance with E&T / CS requirements, if appropriate.
  - c. Of these cases, 1 needs no further action to be taken.

**C. Comments on the Cases Reviewed in B. above**

**D. Additional Cases Reviewed and the Reason:**

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**II. COMPLETION OF THE CS/NCSSES-2624's BY THE DSS:**

Of the cases reviewed, 2 contained incomplete or incorrect sections on the CS/NCSSES-2624's:

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**III. PROCEDURE FOR PAYMENT OF PARTICIPANT EXPENSES (VOUCHERS):**

The reimbursement rate for participant expenses was decreased to \$10.00 per voucher effective 5/30/02. Participants residing in the extended service area are encouraged to take advantage of reduced rates for public transportation.

Discussed the possibility that a participant's expenses may actually exceed \$10.00 in a four week period based on current gas prices, especially if the participant is located in a rural area. Emphasized that county funds are matched with 50% federal funds up to whatever amount the county sets per month.

Explained that an individual cannot be required to participate in the E&T / CS program if his/her expenses exceeds the amount of reimbursement, as specified in the FNS Certification Manual, Section 241.11, Participant Reimbursement Requirements.

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**IV. RECEIPT OF AND ACTION ON CS/NCSES-2625'S:**

Discussed keeping a control log of CS/NCSES-2625's received from the CC and the ESC and recording when a CS/NCSES-2624 or a CS/NCSES-2625 is later sent to the the CC and/or the ESC in response. It is important to respond to the CS/NCSES-2625's so that the CC and the ESC knows what action the DSS has taken and whether to continue working with the participant.

A sample log could contain the participant's name and social security number (or county case number or FNS ID number), the date the CS/NCSES-2625 was received, the reason for the CS/NCSES-2625, and the date a response is sent to the CC or the ESC.

Following the above procedure (or a similar procedure developed by your county) will ensure that all CS/NCSES-2625's are responded to within a timely manner, as specified in the FNS Certification Manual, Section 241, Employment and Training:

- For a redetermination of exemption that is approved, send the CS/NCSES-2624 to the CC or the ESC within five calendar days to deregister the individual. Update FSIS appropriately.
- For a redetermination of exemption that is denied, send the CS/NCSES-2625 to the CC or the ESC within five calendar days indicating that the individual must remain registered and referred.
- For a notice of non-compliance received for an individual who is determined exempt from work registration requirements, send the CS/NCSES-2624 to the CC or the ESC within five working days to notify that the individual has been deregistered. Update FSIS appropriately.
- For a notice of non-compliance received for a non-exempt individual, send the DSS-8553, Notice of Adverse Action (unless it is the last month of the certification period) along with the DSS-8642, Explanation of Disqualification, to the FNS household within ten calendar days. Send the CS/NCSES-2624 to the CC or the ESC within five working days to notify that the individual has been disqualified.

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**V. RECOMMENDATIONS FOR PROGRAM IMPROVEMENT:****FNS E&T / CAREER START REVIEW for DSS**

Case Name: \_\_\_\_\_ County \_\_\_\_\_ FSIS No. \_\_\_\_\_

Reviewer Kathy Evans Date \_\_\_\_\_ ABAWD \_\_\_\_\_ Non-ABAWD \_\_\_\_\_

√ = Correct

X = Incorrect

N = Not Applicable

√ X N

COMMENTS

1.	Individual(s) correctly exempted from E&T and coded correctly in FSIS		
2.	Individual(s) correctly deferred from E&T and coded correctly in FSIS		
3.	Non-exempt individual(s) registered, correctly coded in FSIS, and identified correctly on NCSES 2624		
4.	ABAWD correctly coded in FSIS and identified correctly on NCSES 2624		
5.	NCSES-2624 and 8640 completed to register/reregister individual or 2624 completed to deregister individual		
6.	Individual(s) correctly evaluated for possible exemption/deferral upon receipt of the NCSES-2625 for non-compliance or redetermination of exemption		
7.	Individual(s) correctly evaluated for compliance prior to imposition of the disqualification		
8.	If exempt/deferred, work registration code updated in FSIS and NCSES-2624 sent to deregister within 5 working days		
9.	If not exempt, the DSS-8553, NOAA and DSS-8642, Explanation of Disqualification sent within 10 calendar days		
10.	Disqualification imposed timely and for the correct period of time following expiration of the DSS-8553, NOAA		
11.	NCSES-2624 sent to ESC within 5 working days of imposing the disqualification		
12.	In event of a cure for non-compliance during the disqualification period, individual(s) added to the FNSU after minimum disqualification served and NCSES-2624 sent within 5 working days		
13.	In the event an individual(s) becomes exempt or deferred during the disqualification period, individual(s) added to the FNSU the next calendar month, FSIS updated and NCSES-2624 sent within 5 working days		
14.	ABAWD and/or disqualification tracking		

QUESTIONS ASKED AS PART OF E&T / CS REVIEW:

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**CS/NCSES2624's:**

- method of sending to ESC/CC
- log kept

**CS/NCSES-2625's**

- method of receiving from ESC/CC
- method of sending to ESC/CC
- date stamped
- log kept
- monitored for appropriate action taken
- monitored for 2624 or 2625 sent to ESC/CC in response

**vouchers:**

- who receives
  - who requests reimbursement from finance office
  - reimbursement amount
  - log kept
- 
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**PARTICIPANT'S NAME:** \_\_\_\_\_ **REVIEWER:** \_\_\_\_\_  
**FOOD AND NUTRITION SERVICES CASE#:** \_\_\_\_\_ **SOCIAL SECURITY #:** \_\_\_\_\_

**DATE OF REVIEW:** \_\_\_\_\_ **COUNTY DSS:** \_\_\_\_\_ **ESC:** \_\_\_\_\_

\*\*\*\*\*

**A. REVIEW of the NCSES-2624:** N/C: not checked W/R: work registration  
 N/A: not applicable t/c: telephone call rec'd: received

1. Is there a form in the file? Yes \_\_\_\_ No \_\_\_\_
2. ABAWD \_\_\_\_ OR non-ABAWD \_\_\_\_ N/C \_\_\_\_
3. Date of DSS Action: \_\_\_\_ N/C \_\_\_\_ [Date Received by CC: \_\_\_\_]
4. Date Received by ESC: \_\_\_\_ N/C \_\_\_\_ [Date of CC Action: \_\_\_\_]
5. Certification Period: \_\_\_\_ N/C \_\_\_\_
6. Date Certified: \_\_\_\_ N/C \_\_\_\_
7. Registration Status: \_\_\_\_ N/C \_\_\_\_
8. W/R Code: \_\_\_\_ N/C \_\_\_\_
9. Are there any items checked in Section C indicating the person meets an exemption? Yes \_\_\_\_ No \_\_\_\_ N/C \_\_\_\_
10. Are there any items checked in Section D indicating the person is deferred from E&T participation? Yes \_\_\_\_ No \_\_\_\_ N/C \_\_\_\_
11. Is Section F signed? Yes \_\_\_\_ No \_\_\_\_ Date signed: \_\_\_\_\_

**B. ASSESSMENT INTERVIEW--TIME STANDARDS, NOTICES, and GOOD CAUSE:**

1. Was the first NCSES-2626 **sent** to the participant within 5 working days of receipt of the NCSES-2624? Yes \_\_\_\_ No \_\_\_\_ Date sent: \_\_\_\_\_  
 N/A \_\_\_\_ Sent by DSS [ ] OR CC [ ]
2. Was the first assessment interview **scheduled** within 14 days of receipt of the NCSES-2624? Yes \_\_\_\_ No \_\_\_\_ Date scheduled: \_\_\_\_\_  
 N/A \_\_\_\_ Scheduled by DSS [ ] OR CC [ ]
3. If the participant made contact or was contacted within 5 working days of missing the first appointment, Yes \_\_\_\_ No \_\_\_\_ Date of contact: \_\_\_\_\_ via t/c from participant [ ] t/c by worker [ ]  
 letter sent by worker [ ]

was **good cause determined**? Yes \_\_\_\_ No \_\_\_\_ Reason: \_\_\_\_\_

4. Was the assessment interview **rescheduled** within 14 days of the first missed appointment? Yes \_\_\_\_ No \_\_\_\_ Date rescheduled: \_\_\_\_\_

5. Is the transmittal of the NCSES-2626(s) **documented** on the NCSES-2631 and/or is a copy in the file? Yes \_\_\_\_ No \_\_\_\_

6. Are **copies** of the NCSES-2625's sent to the DSS in the file? Yes \_\_\_\_ No \_\_\_\_ N/A \_\_\_\_

### **C. PURPOSE OF THE NCSES-2625(s):**

1. \_\_\_\_ Notice of Non-Compliance Reason: \_\_\_\_\_

Was the NCSES-2625 **sent** to the DSS within 5 working days? Yes \_\_\_\_ No \_\_\_\_ Date sent: \_\_\_\_\_

2. \_\_\_\_ Notice of Activity in the Case Reason: placement in education [ ], training [ ], employment [ ], or other: \_\_\_\_\_

Was the NCSES-2625 **sent** to the DSS within 5 working days? Yes \_\_\_\_ No \_\_\_\_ Date sent: \_\_\_\_\_

3. \_\_\_\_ Request for Redetermination Reason: \_\_\_\_\_

Was the NCSES-2625 **sent** to the DSS within 5 working days? Yes \_\_\_\_ No \_\_\_\_ Date sent: \_\_\_\_\_

4. \_\_\_\_ Denial of Request for Redetermination Reason: \_\_\_\_\_  
**received** by the ESC on \_\_\_\_\_

Was the NCSES-2626 **sent** within 5 working days of receiving the NCSES-2625? Yes \_\_\_\_ No \_\_\_\_ Date sent: \_\_\_\_\_

Was the interview **scheduled** within 14 days of receiving the NCSES-2625? Yes \_\_\_\_ No \_\_\_\_ Date scheduled: \_\_\_\_\_

5. \_\_\_\_ Notice to ESC, Registrant Agreed to Comply (CURE) Date received: \_\_\_\_\_

Was the NCSES-2626 **sent** within 5 working days of receiving the NCSES-2625? Yes \_\_\_\_ No \_\_\_\_ Date sent: \_\_\_\_\_

Was the interview **scheduled** within 14 days of receiving the NCSES-2625? Yes \_\_\_\_ No \_\_\_\_ Date scheduled: \_\_\_\_\_

6. \_\_\_\_ Notice to DSS, Registrant Did [ ] / Did Not [ ] Comply (CURE) or work search pending [ ]



Was the NCSES-2625 **sent** within 5 working days of the CURE appointment?  
 No \_\_\_\_\_ Date sent: \_\_\_\_\_ Yes \_\_\_\_\_

#### **D. COMPONENT PLACEMENT, REFERRAL, PROGRAM ACCEPTANCE:**

1. Component placement      Date referred      Date accepted      On referral log?

_____ Job Search (I)	_____	_____	_____
_____ WIA (II)	_____	_____	_____
_____ Delayed Job Search (III)	_____	_____	_____
_____ Education (IV)	_____	_____	_____
_____ Literacy (V)	_____	_____	_____
_____ Request for Redeterm. (VI)	_____	_____	_____
  
2. For Job Search placements, was Yes \_\_\_\_\_ No \_\_\_\_\_  
 the Employability / Job Search  
 Plan **completed** on the NCSES-2623? \_\_\_\_\_ times/wk for \_\_\_\_\_ wks = \_\_\_\_\_
  - a. Was the follow-up interview(s) Yes \_\_\_\_\_ No \_\_\_\_\_ 4th Week Date: \_\_\_\_\_  
**scheduled** for up to 4 weeks and 8,  
 weeks as appropriate? N/A \_\_\_\_\_ weeks completed at CC  
 Yes \_\_\_\_\_ No \_\_\_\_\_ 8th Week Date: \_\_\_\_\_
  
  - b. Was the follow-up interview(s)  
**documented** on the NCSES-2623? Yes \_\_\_\_\_ No \_\_\_\_\_
  
  - c. If the participant made contact or Yes \_\_\_\_\_ No \_\_\_\_\_ Date of contact: \_\_\_\_\_ via  
 was contacted within 5 days t/c from participant [ ] t/c by worker [ ]  
 of missing the 4 week appointment, letter sent by worker [ ]  
 was **good cause determined**? Yes \_\_\_\_\_ No \_\_\_\_\_ Reason: \_\_\_\_\_
  
  - Was the appointment **rescheduled** within  
14 days of the missed appointment? Yes \_\_\_\_\_ No \_\_\_\_\_ Date rescheduled: \_\_\_\_\_
  
  - d. If the participant made contact or Yes \_\_\_\_\_ No \_\_\_\_\_ Date of contact: \_\_\_\_\_ via  
 was contacted within 5 days t/c from participant [ ] t/c by worker [ ]  
 of missing the 8 week appointment, letter sent by worker [ ]  
 was **good cause determined**? Yes \_\_\_\_\_ No \_\_\_\_\_ Reason: \_\_\_\_\_
  
  - Was the appointment **rescheduled** within  
14 days of the missed appointment? Yes \_\_\_\_\_ No \_\_\_\_\_ Date rescheduled: \_\_\_\_\_
  
  - e. Did the work search appear Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_  
 to be **adequate**?  
 # contacts missing: \_\_\_\_\_ # contacts repeated: \_\_\_\_\_

3. For Category II, IV, & V, were follow-up interviews **scheduled**, as appropriate? Yes \_\_\_\_ No \_\_\_\_ N/A \_\_\_\_ Date(s): \_\_\_\_\_
- 4 Was the participant **referred** to another E&T component? Yes \_\_\_\_ No \_\_\_\_ Date: \_\_\_\_\_  
Component: \_\_\_\_\_
- a. If so, was the ESC notified of the **results** of the referral within 10 days? Yes \_\_\_\_ No \_\_\_\_ Date notified: \_\_\_\_\_
- b. If the component did not notify the ESC of the results of the referral in 10 days, did the ESC **contact** the component? Yes \_\_\_\_ No \_\_\_\_ Date contacted: \_\_\_\_\_

### **E. TERMINATIONS:**

Was there any **documentation** in the case regarding termination? Yes \_\_\_\_ No \_\_\_\_

If yes, was it via a NCSES-2624 [ ] or the Division's Deregistration Report [ ]? Reason: \_\_\_\_\_

### **F. VOUCHERING:**

1. Should the participant be vouchered for the **1st** 4 week period? Yes \_\_\_\_ No \_\_\_\_ N/A \_\_\_\_ sent by CC  
Dates: \_\_\_\_\_ thru \_\_\_\_\_

Was the voucher **sent** within 5 working days of receiving the participant's completed work search? Yes \_\_\_\_ No \_\_\_\_ Date work search rec'd: \_\_\_\_\_  
Voucher #: \_\_\_\_\_ Date sent to DSS: \_\_\_\_\_

2. Should the participant be vouchered for the **2nd** 4 week period? Yes \_\_\_\_ No \_\_\_\_  
Dates: \_\_\_\_\_ thru \_\_\_\_\_

Was the voucher **sent** within 5 working days of receiving the participant's completed work search? Yes \_\_\_\_ No \_\_\_\_ Date work search rec'd: \_\_\_\_\_  
Voucher #: \_\_\_\_\_ Date sent to DSS: \_\_\_\_\_

### **G. REFERRALS TO JOB OPENINGS:**

Was there **documentation** on referrals to job openings, providing labor market information (LMI), and automatic call-in requests? Yes \_\_\_\_ No \_\_\_\_ Number of referrals: \_\_\_\_\_  
Referral dates: \_\_\_\_\_  
LMI dates: \_\_\_\_\_  
Call-in dates: \_\_\_\_\_

**County Crisis Intervention Program Monitoring  
State Fiscal Year 2007**

<b>Applications Keyed Listing Report</b> Reports pulled on	Application/Pending dates exceed CIP application processing time?	
<b>Applications Keyed Denied Sample</b>	Denial Reasons documented?	
	Denial reasons valid?	
<b>Applications Keyed Approved Sample</b>	Reason for Crisis documented?	
	Reason for Crisis valid?	
	CIP amount authorized appropriately?	
<b>Adjustment Report</b>	Adjustment reason documented clearly?	
<b>DSS CIP Cases with Matching Reports</b>	CIP authorized in excess of the limit of \$300 for the fiscal year?	
	If yes, CROP established as required?	
	Household assistance limited to \$300 for Disaster, \$600 for both categories in SFY?	
<b>Other</b>		

**Name** \_\_\_\_\_ **Case ID** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Reviewer** \_\_\_\_\_ **County** \_\_\_\_\_ **Worker** \_\_\_\_\_  
**Approval** Y **Denial** \_\_\_\_\_  
**√ - Correct**    **X – incorrect**                    **NA – Not applicable**

1. Did the household meet income eligibility, (i.e. countable income for October is equal to or less than 110% of current poverty level).	
2. Did the household have a specified person? If yes, was the medical deduction keyed in field 34?	
3. Did household meet the resource requirements, i.e., total h/h countable resources were less than \$2,200.00 as of 10/31?	
4. Was the application signed and dated?	
5. For relationship codes other than "E", is the case file documented?	
6. Was application information accurately entered into the LIEAP System?	

Remarks \_\_\_\_\_

Rev. 5/05

## County Low Income Energy Assistance Program Monitoring State Fiscal Year 2007

<b>Application Taking/Outreach Plan</b>	Was a plan submitted to the State Office as required?	
<b>Self Monitoring Guide Review</b>	Areas noted that require Corrective Action?	
	Cases reviewed found in error?	
	If yes, corrective action implemented?	
<b>Duplicate SSNs County Report</b>	Entries shown for duplicate cases?	
	If yes, were duplicate cases issued LIEAP benefits?	
	County responsible overpayment (CROP) established for duplicate cases?	

**Refugee Cash Assistance Eligibility Monitoring Guide**\_\_\_\_\_ **County**

Instructions: Each question must be answered. "NA" may be used only if it is offered as an option. This form may be annotated with additional information regarding eligibility as necessary (use comments section or attach additional information). References to the NC Refugee Assistance Manual (RAP) and Adult Medicaid Manual (MA) are in parentheses.

Payee's Name \_\_\_\_\_ Alien # \_\_\_\_\_

Co. Case # \_\_\_\_\_ Case ID # \_\_\_\_\_ Country of Origin \_\_\_\_\_

Most Recent Action Taken \_\_\_\_\_

Payment Month Being Reviewed \_\_\_\_\_ Payment Amount \$ \_\_\_\_\_

Non-Financial Eligibility      Number of Recipients Included Case \_\_\_\_\_ Relationship \_\_\_\_\_

<p><b>1. Is the recipient(s) a qualified alien?</b> (RAP Ch. I, II, &amp; Ch. III,I)</p> <p>Immigration Status _____</p> <p>_____</p>	<p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p>	<p><b>Method of Verification</b></p> <p><input type="checkbox"/> INS Papers      <input type="checkbox"/> Birth Certificate</p> <p><input type="checkbox"/> Statement      <input type="checkbox"/> Other</p>
<p><b>2. Is the recipient(s) eligible for any other cash assistance?</b> (WFFA, SSI) (RAP Ch. III, II)</p>	<p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p>	<p><b>Reason</b></p>

<b>3. Has the recipient(s) been in the US less than 8 months?</b> (RAP Ch. III, IV)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Date of Entry</b> _____  _____
<b>a. Is the recipient(s) a full-time student in and institution of higher education?</b> (RAP Ch. III, II)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>5. Does the recipient(s) receive Match Grant?</b> (RAP Ch. III, III)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>6. Did the recipient(s) voluntarily quit a job or refuse to apply for or accept an appropriate offer of employment or employment related training during the 30 days prior to applying for aid?</b> (RAP Ch. III, II)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>b. Does the recipient(s) live in North Carolina with the intent to remain?</b> (RAP Ch. III, II)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Verification</b>  Signed statement in Record <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>c. Was the recipient(s) resettled in NC by a local affiliate?</b> (RAP Ch. I, II, & Ch. III, III)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Agency _____
<b>d. Did you notify the local affiliate of the recipient's application for assistance and the disposition?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>9. Has each adult who is required to do so, registered for work with an appropriate employment service? (RAP Ch. III, V, A)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Employment Service</b> <u>County</u> <input type="checkbox"/> Yes <input type="checkbox"/> No <u>Refugee Agency</u> <input type="checkbox"/> Yes <input type="checkbox"/> No Name of Agency _____
<b>➤ Is there an <i>Individualized Employability Plan</i> for each adult who is required to have one? (RAP Ch. III, V, D, &amp; Appendix G)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>County Plan</u> <input type="checkbox"/> Yes <input type="checkbox"/> No Signed <input type="checkbox"/> Yes <input type="checkbox"/> No <u>Refugee Referral, DSS-5022</u> <input type="checkbox"/> Yes <input type="checkbox"/> No Name of Agency _____
<b>➤ Is there a <i>Family Self-Sufficiency Plan</i>? (RAP Ch. III, V, D, &amp; Appendix H)</b>		<u>County Plan</u> <input type="checkbox"/> Yes <input type="checkbox"/> No Signed <input type="checkbox"/> Yes <input type="checkbox"/> No <u>Refugee Referral, DSS-5022</u> <input type="checkbox"/> Yes <input type="checkbox"/> No Name of Agency _____

### Financial Eligibility

<b>10. Are the recipient's resources under the asset limitation? (RAP Ch. III, II, &amp; MA 2230)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> IEVS matches <input type="checkbox"/> Statement <input type="checkbox"/> Bank, etc. [other]
<b>11. Is there any countable income for the case?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Statement <input type="checkbox"/> Tax return

(RAP Ch. III, II, & MA 2250)		<input type="checkbox"/> Wage stubs <input type="checkbox"/> Other
<b>12. Was the correct month's income used to calculate the review month's payment?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

**Other**

<b>13. Was the application processed within the 30-day limit?</b> (RAP Ch. III, IIB)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number of days
<b>14. Was an application for Food and Nutrition Services benefits taken the same day?</b> (RAP Ch. III, II)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>➤ Does the recipient(s) receive Food and Nutrition Services benefits?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	



## Conclusion

- Are all individuals included in the case eligible for Refugee Cash Assistance? ☐ Yes ☐ No

- If no, who is not eligible, and why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Is the payment amount correct for the review month? ☐ Yes ☐ No

- If the payment is not correct, why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Comments and Corrective Action Needed:

\_\_\_\_\_  
Reviewer

\_\_\_\_\_  
Date

## **SECTION VI**

### **Monitoring Plan for the North Carolina Child Support Enforcement Program December 2006**

#### **OVERVIEW**

The Child Support Enforcement Program operates as a section of the Division of Social Services. The operation of the CSE Program differs significantly from other DSS programs. Child Support Enforcement is not an eligibility program and does not provide financial assistance to participants. CSE establishes obligations for child support payments and these payments from non-custodial parents are distributed according to federal regulations. While sixty-three local CSE offices are administered by the local DSS, many are not. Twenty-eight counties have CSE operations that are administered by the state via the Central CSE office. Five counties have hired private vendors to operate their CSE program, the county Manager administers three and one county operates its CSE office under the County Tax Administrator. State operated offices are grouped by area with an Area Supervisor assigned to each and non-state operated offices are grouped by area with an Area Consultant assigned to each. This monitoring plan covers the non-state operated offices per the County Child Support Enforcement Offices list attached.

All CSE offices are funded on a reimbursement basis according to their CAP on file at the Controller's Office. Federal Financial Participation (FFP) funding is available for all allowable expenditures. FFP is allowable at a 66% federal and 34% non-federal funding level for all but genetic testing laboratory costs. FFP for genetic testing is at a 90% federal and 10% non-federal level through October 1, 2007. As of October 1, 2007 the genetic testing FFP rate will change to 66% federal and 34% non federal. It should be noted that, because there are no financial assistance contracts associated with the Access and Visitation grant funding, Access and Visitation funding is excluded from this monitoring plan.

Single Audit corrective action plans are submitted to the Central Office. Michele Tart, Assistant Chief-Central Office Operations reviews and coordinates the responses for the Single Audit findings. All documents, monitoring tools and reports related to self assessment and monitoring are maintained and located in the CSE Central Office. The Central office address is PO Box 20800, Raleigh, NC 27619-20800. The main number for the central office is (919) 255-3800.

Compliance Supplements are tested through the use of the monitoring tools as scheduled in the attached crosswalk. Tools include the use of Section I, Attachment D-1 & D-2, the self assessment process, and the desk audits. Single Audit information is entered into the monitoring system by Michele Tart or the DSS Budget office, depending on the issue.

CSE's program monitoring plan consists of two components. The first component is based on PRWORA and the federal Office of Child Support Enforcement's requirement that each state's CSE program monitor program compliance and submit an annual report to OCSE. This federal requirement is referred to in the child support community as "Self-Assessment". OCSE

developed their “Self-Assessment” monitoring requirements to totally fulfill the OMB A-133 regulations for the Child Support Enforcement program.

The second component of CSE’s monitoring plan consists of a system of desk reviews in each local CSE office. Quarterly desk review case information is collected on a monthly bases and is reported quarterly. The information is used for evaluation purposes and in the PMP process. Corrective action plans are not compiled based on the results of desk audits. However, the results are shared with the local office supervisor immediately upon the completion of the case reviews. Results are posted quarterly. These reviews are carried out in both state operated and non-state operated local offices.

Based on the OMB Circular A-133 requirement for monitoring non-state operated CSE offices as subrecipients and CSE’s goal to improve program performance, CSE’s plan addresses monitoring every CSE office in the state. OCSE requires that the Self-Assessment review be held annually and that it must include a statistically valid sample from the statewide caseload without regard to individual county risk. Additionally, the quarterly desk reviews are held in every county without regard to risk. All reviews are conducted under the assumption of high risk standard.

### **Program Area to be Monitored**

<b>Area</b>	<b>Federal/State Compliance Number</b>	<b>Subrecipients be monitored</b>	<b>Funding Source and Amount*</b> *Projected SFY 2007	<b>Review Tools</b>
Child Support	93.563	Attach D	Title IV-D of the Social Security Act <b>\$113,953,452.00</b>	Attach A, B and C,

Below is a brief description of the Program Areas and Services to be monitored by the Child Support section during the state fiscal year.

### **Child Support**

The Child Support Enforcement program aids in the establishment and collection of child support to ensure that both parents support their children. The program processes include 1) location of the non-custodial parent for establishment and enforcement of existing child support orders, 2) paternity establishment for children born outside of marriage, 3) establishment and modification of new and existing orders of support, 4) enforcement of support obligations, and 5) collection and distribution of support.

The goal of the program is to consistently collect as much child support as possible and to help families become self-sufficient.

NCDSS Staff Performing Subrecipient Monitoring and Related Support Activities are identified below:

<b>Lead Monitoring Coordinator</b>	
Staff Person	Area of Responsibility
Lee O. Quick	Family Services/Child Welfare Services Work First Child Support Enforcement
<b>Lead Monitors</b>	
Michele Tart	Child Support Enforcement
<b>Program Compliance Monitors</b>	
Staff Person	Area of Responsibility
Parena Fonville	Quarterly Onsite Desk Reviews, Federal OSCE Self Assessment
Frances Avery	see above
Ben Nicholson	see above
John Holcombe	see above
Sally McDonald	see above
Carole Allen	see above
Alice McCoy	see above
Cathie Alexander	see above
Judy Jedrey	see above
Rick Stang	see above
<b>Support Staff</b>	
Staff Person	Area of Responsibility
Carol Ray	Data Entry of Monitoring Reports, Year End Reports
Tonya Bizzell	see above

## **Core Areas to be Monitored**

The OMB Circular A-133 specifies fourteen (14) areas of compliance monitoring. North Carolina has an additional requirement that policies prohibiting conflict of interest be reviewed for non-profit subrecipients. Depending on the program and type of funding, all 14 core areas may not be applicable to the funding source.

The core areas of compliance monitoring involve fiscal monitoring (i.e., review of financial statements and audit findings and internal control questionnaires) and program monitoring (i.e., determination of whether the eligibility criteria were met or review of the scope of work to see if the objectives of the contract have been met). Following is a brief description of each of the core areas:\*

*A/I: Activities Allowed or Unallowed:* This requirement refers to specific activities identified in the grant agreement, contract, allocation, letters, policy manuals and state or federal regulations

that are allowed or that may be unallowed. The purpose of this requirement is to provide reasonable assurance that State and Federal funds are used for the intended purposes.

*B/2: Allowable Costs/Cost Principles:* This requirement seeks to assure that the costs paid to the contractor are reasonable and necessary for the operation and administration of the program and that the subrecipient uses an acceptable method of allocating costs, including indirect costs.

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*\*Note: With the exception of the Davis-Bacon Act (D) and the Conflict of Interest (15) requirement, the federal and state requirements are the same. The alphabetic code denotes how the federal requirement is referenced. The numeric code is the corresponding state code for that core area.*

*C/3: Cash Management:* This requirement is only applicable if the contractor receives an advance of funds from NCDSS of more than 60 days from when the funds would ordinarily be disbursed. In accordance with the DHHS Cash Management Policy, the Controller's Office is responsible for reviewing the cash needs of subrecipients that receive advances every three months to determine whether or not the advance represents more than a 60-day cash requirement.

*D: Davis-Bacon Act:* This requirement is not applicable to DHHS subrecipients. It is a federal law that applies to contractors with contracts for more than \$2,000 financed by federal dollars where laborers and mechanics are employed.

*E/5: Eligibility:* This requirement ensures that only those individuals and organizations that meet the eligibility requirements for receiving services or financial assistance from the program participate in the program. The eligibility requirement for an individual diagnosis, risk factors, medical necessity criteria, income, etc. Similarly, an organization may qualify to participate in a program based on the extent to which the type of program and the mission of the organization are consistent with the requirements of the funding source.

*F/6: Equipment and Real Property Management:* This requirement refers to tangible property that has a useful life of more than one year and costs more than \$5,000. Such equipment may only be purchased per the conditions of the approved contract or grant agreement.

*G/7: Matching, Level of Effort, Earmarking:* These requirements are specifically addressed in the grant documents, allocation letters, contracts and state or federal regulations.

- *Matching* refers to the specific amount or percentage of funds the subrecipient is required to match the state or federal grant. The matching portion must be verifiable in the accounting records, incurred during the period of the award, must not be used to meet the match of another program, allowable under cost principles and derived from non-federal or non-state funds unless specifically authorized.
- *Level of Effort* refers to the specific level of service that must be provided (e.g., the number of clients the subrecipient must serve) or a specified level of service (e.g., maintenance of effort) or the requirement that federal or state funds may only be used to supplement the non-state or non-federal funding of the service.

- *Earmarking* refers to the requirement that an amount or percentage of a program's funding must be used for specific activities.

*H/8: Period of Availability of Federal Funds:* This requirement refers to the time period authorized for state and federal funds to be expended. State funds are authorized for the fiscal year (July 1 – June 30); however, NCDSS may allow a subrecipient to carry forward unexpended funds into the next fiscal year. Most federal funds allow additional time after the end of the grant period for obligations incurred during the grant period to be paid.

*I/9: Procurement and Suspension and Debarment:* This requirement assures that the subrecipient follows the state and federal policies and procedures for procurement, that the subrecipient has not been suspended or disbarred from receiving funding from the state or federal government, and that the subrecipient does not use federal funds to purchase goods or services costing more than \$100,000 from a vendor that has been disbarred by the federal or state government..

*J/10: Program Income:* The purpose of this requirement is to assure that program income is being used appropriately. This requirement refers to the gross income received by the subrecipient on activities, services or goods purchased with state or federal funds. Program income may be used to provide matching funds when approved by the state or federal agency.

*K/11: Real Property Acquisition and Relocation Assistance:* *This requirement does not apply to DHHS.*

*L/12: Reporting:* Contract administrators are required to monitor the financial, performance and special reporting of the subrecipient in order to provide assurance that funds are being managed efficiently and effectively to accomplish the objectives of the program as specified in the compliance supplement, applicable laws and regulations, and contract or grant agreements.

*M/13: Subrecipient Monitoring:* Contract administrators are required to provide assurance that any NCDSS subrecipient that subcontracts with another agency monitors the agency with which the subrecipient subcontracts as specified in the compliance supplement for the funding source.

*N/14: Special Tests and Provisions:* Contract administrators must provide assurance that all special requirements found in the laws, regulations, or the provisions of the contract or grant agreement are monitored appropriately. Such special tests and provisions may relate to fiscal and/or programmatic requirements or may include actions that were agreed to as part of the audit resolution of prior audit findings or in corrective action plans identified as a result of monitoring reviews.

*15: Conflict of Interest:* This requirement applies to any private, non-profit entity eligible to receive state funds, either by General Assembly appropriation, or by grant, loan or other allocation from a State agency (S.L. 1993-321, Section 16 of the Appropriations Act). An agency official is required to sign a notarized copy of the policy before a contract is executed. Copies of the organization's attestation to the Conflict of Interest Policy is kept by the *Contract*

*Management & Development Team* in the organization's file. The Division's Conflict of Interest Policy for Private Not-for Profit Agencies can be found in Attachment D.

The applicable compliance requirements for a funding source are outlined in the compliance supplement for the specific federal or state program. In cases where a program is funded by multiple funding sources, the funding source with the most stringent requirements would be the criteria used to monitor the program. The compliance supplement identifies those core areas which at a minimum must be monitored. Monitors are not precluded from looking at additional areas as long as the minimum core areas are also examined. (See Attachment E for an overview of compliance requirements for each program for which NCDSS is the pass-through entity). Monitoring the compliance requirements helps to fulfill part of the intent of the Federal Financial Assistance Management Improvement Act of 1999 (i.e., to improve the effectiveness and performance of federal financial assistance programs).

## **FEDERAL OCSE SELF-ASSESSMENT**

The purpose of OCSE's Self-Assessment process is to determine whether states are meeting Federal requirements for providing child support services. The OCSE Self-Assessment requirements and the procedure for implementing them are found in OCSE Action Transmittal 98-12. This Action Transmittal includes implementation methodologies, case review requirements, case review instruments, reporting requirements and instructions to the states. The Action Transmittal governs CSE's Self-Assessment case review and reporting process. In order to comply with OCSE Self-Assessment, the Central CSE office reviews and reports program compliance in eight program areas:

- Case Closure
- Establishment of Paternity and Support Orders
- Expedited Process
- Disbursement of Collections
- Enforcement of Support Orders
- Medical Support Enforcement
- Review and Adjustment
- Interstate Services

Each federal fiscal year, reviews are performed for cases throughout the state. The annual report is completed each March following the FFY. The System User Support Unit located at the CSE Central Office is responsible for performing the statewide Self-Assessment review and preparing the annual report. The Self-Assessment review process is carried out in an automated manner, to the extent possible. When manual case reviews are needed the User Support staff utilizes CSE's Automated Collection and Tracking System (ACTS) for case review. System case review is possible because ACTS is a detailed management system containing extensive case data. The members of the User Support Unit have many years of both child support program experience and experience with the ACTS system.

For the past four years, the User Support staff has worked with the ACTS project staff to develop programs to identify cases universes and statistically valid random case samples for each of the

eight program areas. ACTS programs were written to evaluate sample cases in most of the program areas and some cases were reviewed manually to validate the results. For areas with more complex review criteria, each sample case was reviewed manually. Once reviews were completed, the efficiency rate was calculated for each program area passed on the number of cases that passed the review criteria.

The User Support staff continues to work with the DSS data warehouse staff to load ACTS data into the data warehouse and to mentor evaluation tools in order to review via the data warehouse. Using the data warehouse to identify the case universes and to perform the case reviews allows CSE to review each case in the universe instead of just a sample. This complete review process gives CSE the opportunity to identify every case throughout the state that is in or out of compliance and to identify the reason for the non-compliance. The project schedule allows for data warehouse reviews. The eight program areas will be manually reviewed for a sample of cases this year with the data warehouse. Utilizing the data warehouse to perform Self-Assessment reviews allows CSE to report more complete statewide results to OCSE annually. CSE also performs quarterly Self-Assessment reviews. CSE management and local offices are able to drill down to obtain complete caseload compliance results for each county and for each responsible worker for the annual reviews and for the quarterly reviews.

## **Documentation of Monitoring Activities**

Each Program Monitor is responsible for reporting their monitoring activities. This shall be documented in a format developed by the Lead Monitor. Any ensuing technical assistance required as a result of subrecipient monitoring activities shall be referred to the contract administrator or the appropriate program representative for follow-up.

Monitoring activities shall be documented in the DHHS Program Monitoring System. The Lead Monitor will review input into the DHHS Program Monitoring System on a regular basis to determine the completeness and accuracy of the data, whether previous issues have been resolved, and for the purpose of coordinating monitoring visits with other Divisions.

In addition, copies of certain monitoring documents will be kept in a centralized location by the designated support staff to facilitate easy access and review. This shall include copies of all source documents such as the Self Assessment Review Summary, the risk assessment tool, monitoring tools and instruments. Copies of pertinent information used for monitoring shall also be included in the subrecipients file. Copies of all communications sent out to the subrecipient and received from the subrecipient that pertain to subrecipient monitoring shall also be included in the file. This includes copies of the notification, the monitoring results report, plans of correction and notification to the subrecipient of the disposition of the outcome of the review of the corrective action plan (closure letter). The designated support staff shall be responsible for maintaining the subrecipient files.

Results of the self assessment audit are entered into the monitoring system quarterly by the Program Assistant IV, Carol Ray of the Central Office. Area Supervisors and Consultants monitor and review Self-Assessment results for each of their counties. On an annual basis, they utilize the case review results and work with local supervisors to formulate a corrective action



plan for each local office. Area Supervisors and Consultants follow up with the counties to ensure that the corrective actions are/have been taken.

## **QUARTERLY ON-SITE DESK REVIEWS**

CSE has developed a monitoring process utilizing local office desk reviews. The Objectives of the process are: 1) to ensure that cases are being processed according to federal requirements and CSE policy 2) to ensure that correct ACTS procedures are being followed 3) to provide a tool in identifying training needs 4) to provide feedback regarding effective case management and 5) to identify practices utilized by the most productive workers. A detailed desk/quality review checklist and an instruction packet have been developed as instruments for conducting the case reviews. These instruments are utilized for each case as it is reviewed. Sample cases are selected from ACTS reports and office logs to ensure that cases in various processing statuses are represented. In each local office Area Supervisors and Consultants review three cases each month. These desk reviews are performed during the Area Supervisor/Consultant's regularly scheduled technical assistance visits to the local office. The Area Supervisor/Consultant insures that the local office Supervisor is familiar with the desk review instruments and understands the purpose of the case reviews.

Additionally, local supervisors in state operated offices perform three case reviews per child support agent caseload each month. The desk review checklists are scored and tabulated for each child support agent and used as part of the PMP process.

Quarterly desk review case information is collected on a monthly basis and is reported quarterly. The quarterly desk review data is not included in the annual or quarterly report computations. The results of the desk audit are immediately shared with the local supervisor and used in the PMP evaluation process.

For local offices, the desk review checklists are scored and tabulated. The results of the desk reviews are monitored by the Area Supervisors/ Consultants and utilized to formulate each office's corrective action plan. Additionally, local office review sheets are tabulated to calculate the number of errors in each case management area. This information is used by the Central Office Policy and Training staff to identify training needs in specific offices and statewide. Desk review results are entered into the monitoring system quarterly by Carol Ray in the central office.

## **Section VI ATTACHMENTS:**

Attachment A- OCSE Action Transmittal 98-12 (pages 4-37)

Attachment B-Desk Review Checklist (Pages 38-40)

Attachment C- Desk Review Instruction (pages 41-51)

**Section VI – CSE Attachment A**  
**ACTION TRANSMITTAL**  
**OCSE-AT-98-12**  
**March 31, 1998**

**TO: STATE AGENCIES ADMINISTERING CHILD SUPPORT ENFORCEMENT PLANS APPROVED UNDER TITLE IV-D OF THE SOCIAL SECURITY ACT AND OTHER INTERESTED INDIVIDUALS**

**SUBJECT: Self-Assessment Report summarizing the activities, processes and recommendations of the Self-Assessment Core Workgroup which includes the Group's consensus on Review Requirements and the Minimal Review Requirements instrument which they developed.**

**CONTENT: This Action Transmittal contains instructions which provide clarification and guidance to the States in order that they can meet the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) requirement to annually assess the performance of their own IV-D program, and submit a report of their operations to the Office of Child Support Enforcement.**

**State procedures for conducting their annual self-assessment should be developed or modified, at a minimum, to address the scope of review suggested in this instruction.**

**BACKGROUND: Section 342. "FEDERAL AND STATE REVIEWS AND AUDITS," of PRWORA amended Section 454 of Title IV-D of the Social Security Act to require the States to provide for a process of annual reviews of and reports to the Secretary, HHS on the State child support program, including such information as may be necessary to measure State compliance with Federal requirements for expedited procedures, using such standards and procedures as are required by the Secretary, under which the State agency will determine whether the program is operated in compliance with Title IV-D requirements.**

**The Self-Assessment Core Workgroup Report summarizes the recommendations of the Workgroup and includes their determination of an appropriate Report Format. The objectives of the Workgroup were to: determine what criteria the States would be required to address in their annual report; establish a process or methodology to be used to review the criteria; and to suggest a format to be used to report the results of these reviews.**

**STATUTORY**

**REFERENCE: Section 454(15) of the Social Security Act, as amended by PRWORA of 1996, PL 104-193**

**SUPERSEDED**

**MATERIAL:DCL 97-94**

**ATTACHMENT: Self-Assessment Core Workgroup Report which contains the Workgroups' consensus and recommendations concerning Reporting Instructions and Review Requirements**

**EFFECTIVE**

**DATE:** The effective date for the PRWORA provisions for Federal and State reviews is October 1, 1997. The proposed review period for the first required State self-assessment will be a 12-month period, beginning no later than October 1, 1997, and each 12-month period thereafter. The first Self-assessment report is due by March 31, 1999.

**INQUIRIES TO:** Keith E. Bassett, Director, Division of Audit, OCSE

**SUPPLEMENTARY**

**INFORMATION:** It is the intent of the Office of Child Support Enforcement to regulate the Self-Assessment review process in the future. In the interim, we believe that the reporting criteria recommended by the Workgroup should be accepted by States as preliminary guidance on this important matter. Before Federal regulations are in effect, States may submit their statutorily required annual report in this format or in any other manner which is sufficient to provide all of the information necessary for the Secretary to measure State compliance with the requirements of title IV-D. Any State report that addresses the Workgroup's criteria will be considered to have included the necessary information. This AT is being issued to assist States in the process of developing their own self-assessment capability, and to provide guidance to help States meet the requirement to report annually to the Secretary as set forth in PRWORA.

Upon request, each exhibit to this AT will be provided in an electronic format. For a copy of an electronic file, contact Mike Hansen at (202) 401-5740.

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**David Gray Ross**  
**Commissioner**  
**Office of Child Support Enforcement**

**Attachments:**

**Exhibits 1 – 3 as follows:**

*Exhibit 1, General Review Steps:*

**GENERAL REVIEW STEPS****TESTING THE ACCEPTABILITY OF COMPUTERIZED DATA**

The reviewers should conduct limited tests to determine if the data provided by computer-based systems is reliable and accurate.

## **GENERAL CASE EVALUATION RULES**

A. Cases will be evaluated for the following State plan requirements (Category 1 Review Criteria) to determine compliance with the Federal requirements:

1. Case Closure;
2. Establishment of Paternity and Support Orders;
3. Expedited Processes;
4. Enforcement of Orders;
5. Disbursements of Collections;
6. Medical Support Enforcement;
7. Review and Adjustment; and
8. Interstate Services.

B. Initially, the reviewer will evaluate each case to determine whether it should be excluded from further analysis or whether some type of child support action (related to the provision of services) should be provided during the review period. If the State is using targeted or focused universes, then they will evaluate whether the case needed child support services related only to the specific function being evaluated.

C. A case may be excluded from further review because of the following reasons:

- ☐ No action was required during the review period;
- ☐ Insufficient time to take required case action;
- ☐ Case could have been closed in accordance with the Federal regulations §303.11;
- ☐ Case file or documentation on the State's automated system or the physical case file cannot be located or is inadequate for the reviewer to ascertain what actions were required and/or taken during the review period;
- ☐ Etc.

D. The reviewer will compute an "efficiency rate" for each Review Criterion to determine whether the State was in compliance with the Federal requirements. The "efficiency rate" should be calculated as follows:

Cases with Appropriate Action Taken = Efficiency Rate

Cases with Required Actions (percentage of cases for which required actions were taken)

The numerator, "Cases with appropriate actions(s) taken," represents the number of cases for a review criterion for

which the last required action met Federal requirements or for which IV-D obtained a successful outcome (see K. below).

The denominator, "Cases with required actions" represents the universe of cases for a review criterion that needed child support services during the review period.

E. For **each** Review Criterion being evaluated, if a case required the service during the review period, it can only receive one "Action" or "Error."

F. If the State is utilizing a statewide statistical sample (rather than a focused sample), then a case should be evaluated for all the required Federal review criteria that needs to be provided during the review period. For example, a case could be evaluated for both Establishment of Orders and Enforcement of Orders.

G. Case activity will generally be reviewed for the 12-month review period only. Credit will not be given to child support activities provided prior to or after the 12-month review period. However, case activity that occurred prior to the review period may be used for the starting point for evaluating time frames that expired during the review period.

H. In keeping with the previous Oise's definition of substantial compliance in 45 CFR 305.20, we have decided to evaluate cases using benchmarks of 90 percent to evaluate "Case Closure" and 75 percent for all other Review Criteria. We believe that these standards have been determined to be fair and equitable and have been evaluated through the regulatory process. We believe that the State should have benchmarks to evaluate cases to make a determination if they are meeting the Federal requirements and to determine when corrective actions are needed to improve their performance. The case reviews will not be used as a basis for determining substantial compliance or for determination of any child support penalties.

I. Time standards related to "Provision of Services in Interstate IV-D Cases" will be evaluated separately using the 75-percent benchmark; however, the extent to which child support services like establishing orders, enforcing orders, disbursing collections, medical support; etc. are provided or not provided should be evaluated under the appropriate Review Criteria. For interstate cases, the reviewer must ensure that initiating and responding (including Central registry) cases are evaluated.

J. Opening a case and locating non-custodial parents will be evaluated as part of "Establishment of Paternity and Support" and "Enforcement of Support Orders." These requirements are not an end in itself, but are, in fact, often the initial step in providing other major program services, including paternity and support establishment and enforcement.

K. In moving towards a more results-oriented review, if the State achieved a successful outcome (i.e., order established), the State will consider this case an Action case and the State will not evaluate any required time frames for the review period for that Review Criterion (i.e., Establishment of Paternity and Support). Successful outcomes will be considered for the following Review Criteria: "Establishing Paternity and Support;" "Enforcement of Support Obligations;" and "Review and Adjustment."

L. If the State did not successfully complete an outcome for a case for a Review Criteria and time standards must be evaluated, then the reviewer should evaluate the **latest** required action which occurred during the review period for which the time frame can be evaluated. This will also apply to the other review criteria for which time standards are being evaluated. Therefore, only one time standard will be evaluated for a case for a Review Criterion. (If the time standard would normally expire after the review period, but the action was completed/successful within the review period, then this action should be counted.) We believe that by concentrating on the latest require time standard, it will avoid creating a disincentive not to work a case because a time standard has been missed. Also, this approach focuses more on the results and measures than on how well a State is currently able to work the cases.

One State further commented that: "Evaluating the latest required action is key to self-assessment being meaningful. Self-assessment also leads to self-correction. Auditing a case which may have been out of compliance in the past does nothing to assess current operations which may have brought the case into compliance."

One State wanted us to clarify that for focused samples for a given criterion only one time standard would be

evaluated for a case. However, if a State uses a statewide sampling approach or combines criteria for a targeted universe, then a case would only be evaluated for one time standard within a review criterion, but it could be evaluated for more than one review criterion.

M. If the State did not successfully complete an outcome for a case for a Review Criteria and time standards could not be evaluated because they expired prior to the review period, the reviewer should still determine whether any action could have been taken during the review period and whether the State provided the next required action. If the next required action was never taken during the review period, then the case would be classified as an Error case. For example, if a paternity and support order has never been established for a case and no action was ever taken to serve the alleged father after he was located, then the case should still be an Error case even if the 90-day time standard for service expired prior to the review period.

## **DETAILED REVIEW REQUIREMENTS**

**The following review requirements are the minimum requirements that the States must use in evaluating cases for its annual self-assessment review. The States may modify the review requirements by making them more restrictive or evaluating additional Federal or State requirements; however, they should document their review methodology in the annual report.**

**In addition, the State may evaluate the cases for the review criteria in any order. For example, a State may choose to evaluate Case Closure as the last step in reviewing cases. Also, some States may want to evaluate "Expedited Processes" immediately after evaluating "Establishment of Paternity and Support Order."**

**A. The State must have and use procedures required under the following criterion in at least 90 percent of the cases required for the following criterion.**

### **1. CASE CLOSURE -- §303.11**

If a IV-D case was closed during the review period, determine whether the following requirements were met:

- ☐ One or more Federal case closure criteria were applicable.
- ☐ 60-day notice sent, when appropriate

**B. The State must have and use procedures required under the following Case Review criteria in at least 75 percent of the cases required for each criterion.**

### **1. ESTABLISHMENT OF PATERNITY AND SUPPORT ORDER -- §§303.4 and 303.5:**

a. If an order for support is required and established during the review period, the case meets the requirement (§305.20(a)(4)(i)).

b. If an order was required but **not** established during the review period, determine the **last required action** and review for the appropriate time frame from the following list.

- ☐ Open a case within 20 days (§303.2(b)).
- ☐ Whenever locate is necessary, access all appropriate location sources within 75 days (§303.3(b)(3)). This includes, at a minimum, all the following locate sources as appropriate:

custodial parent; Federal Parent Locator Service (FPLS); US Postal Service; State employment security agency; unemployment data; Department of Motor Vehicles; and credit bureaus.

One State questioned if credit bureaus had to be accessed for locate purposes. These six appropriate locate sources were identified in the preamble in the Federal Register in OCSE AT-94-06, dated December 23, 1994, page 66244. These locate sources were selected because of their proven level of effectiveness in successfully identifying useful location information in most cases.

☐ Repeat location attempts quarterly and when new information is received in accordance with §303.3(b)(5).

☐ Establish an order or complete service of process necessary to commence proceedings to establish a support order, and, if necessary, paternity within 90 calendar days of locating the non-custodial parent, or document unsuccessful attempts to serve process in accordance with State's guidelines defining diligent efforts (§303.4(d) and §303.3(c)).

## **2. ENFORCEMENT OF ORDERS -- §303.6**

(Enforcement cases include all cases in which both ongoing wage withholding is in place as well as those cases in which new or repeated enforcement actions were required during the review period.)

a. If a wage withholding collection was received during the last quarter of the review period and the case was submitted for Federal and State tax refund offset, if appropriate, then the case will be considered an Action case (§305.20(a)(4)(iii) and §303.6(c)(3)).

b. If wage withholding was not appropriate, and an enforcement collection was received during the review period, and the case was submitted for Federal and State tax refund offset, if appropriate, then the case will be considered an Action case (§305.20(a)(4)(iv) and §303.6(c)(3)).

c. If an order needed enforcement during the review period but wages were not withheld or other collections were not received (when wage withholding could not be implemented), determine the **last required action**, in addition to Federal and State tax refund offset, and review for the appropriate time frame from the following list.

☐ Whenever locate is necessary, access all appropriate location sources within 75 days (§303.3(b)(3)). This includes, at a minimum, all the following locate sources as appropriate: custodial parent; Federal Parent Locator Service (FPLS); US Postal Service; State employment security agency; unemployment data; Department of Motor Vehicles; credit bureaus; and quick locate in other States.

☐ Repeat location attempts quarterly and when new information is received in accordance with §303.3(b)(5).

☐ If no immediate wage withholding order, begin initiated wage withholding within 15 calendar days of identifying delinquency equal to one month's arrears if non-custodial parent's address is known, or within 15 calendar days of locating non-custodial parent, whichever occurs later (§303.100(c)(2)).

☐ If immediate wage withholding ordered, send notice to employer within 15 calendar days of the date the support order was entered if employer was known, or within 2 business days after the date information regarding a newly hired employee is entered into the State Directory of New Hires of locating the employer's address, whichever occurs later (§303.100(f)(2) and §453A(g)(1)).

☐ If wage withholding is not appropriate or cannot be implemented, take an appropriate enforcement action (other

than Federal and State tax refund offset), if service of process not needed, within no more than 30 days of identifying a delinquency or locating the non-custodial parent, whichever occurs later (§303.6(c)(2)).

☐ If wage withholding is not appropriate or cannot be implemented, **if service of process is needed**, take an appropriate enforcement action (other than Federal and State tax refund offset), within no more than 60 days of identifying a delinquency or locating the non-custodial parent, whichever occurs later, or document unsuccessful attempts to serve process in accordance with State's guidelines for defining diligent efforts (§303.6(c)(2)).

d. If case has arrearages, submit annually for Federal and State tax refund offset during the review period, if appropriate, in accordance with requirements of §303.72, §303.102 and §303.6(c)(3)).

### **3. DISBURSEMENT OF COLLECTIONS-- §454B of the Act**

**(This requirement is effective October 1, 1998; however, for those States that had local courts disbursing their collections prior to PRWORA, the requirement goes into effect October 1, 1999. This criteria does not have to be reviewed until it has gone into effect.)**

**Also, one State questioned if they needed to evaluate all collections received during the review period. We have clarified that this criterion only needs to be reviewed for the latest collection received for a case within the last quarter of the review period; however, this criterion lends itself to be reviewed through management reports of a State's automated system.**

a. For cases with collections received in the last quarter of the review period, did the State distribute the latest collection received which was payable under §457(a) within the 2 business days after receipt from the employer or other source of periodic income, if sufficient information identifying the payee is provided (§454B(c) of the Act)? (Note: The State may delay distribution of collections to arrearages until the resolution of any timely appeal with respect to such arrearages.)

### **4. SECURING AND ENFORCING MEDICAL SUPPORT ORDERS -- §§303.30 and 303.31**

a. For support orders being established during the review period, was medical support ordered? If not ordered, was medical support included in the petition for support to the court or administrative authority (§466(a)(19) of the Act and §303.31(b)(1))?

b. If health insurance ordered, were steps taken to determine if reasonable health insurance was available (§303.31(b)(7) and §303.30(a))?

c. If reasonable health insurance was available, but not obtained, were steps taken to enforce the order (§303.31(b)(7))?

d. If health insurance was obtained during the review period, was the Medicaid agency informed that coverage had been obtained (§303.31(b)(6))?

e. If health insurance obtained, was the custodial parent notified regarding the policy information (§303.31(b)(5))?

f. Were employers or others providing health insurance coverage requested to inform the State of lapses in coverage (§303.31(b)(9))?

g. If non-custodial parent was providing health insurance coverage and changes employment and the new employer provides health care coverage, did the State transfer notice of the health care provision to the new employer, which would enroll the child in the non-custodial parent's health plan, unless the non-custodial parent contested the notice (§466(a)(19) of the Act)?

### **5. REVIEW AND ADJUSTMENT OF ORDERS -- §303.8 and §466(a)(10) of the Act**

Under PRWORA, States may elect one of the following review and adjustment methodologies: reviews and if appropriate, adjusts the support orders in accordance with State's guidelines; applies a cost-of living adjustment to



orders; or uses automated methods (§466(a)(10) of the Act). **Additionally, PRWORA changed the requirement from a mandatory review every 36 months for assistance cases to a review that only needs to be conducted every 36 months upon the request of either parent, or the request of the IV-D agency (for assistance cases).**

a. If case was reviewed and adjusted, or a determination was made, as a result of a review, during the review period, that an adjustment was not needed, the State will be considered to have taken appropriate action (§305.20(a)(ii)).

b. If review was required but **not completed** during the review period, determine the **last required action** and review for the appropriate time frame from the following list.

☐ If locate is necessary to conduct a review, access all appropriate location sources within 75 days of opening case (§303.3(b)(3)). This includes, at a minimum, all the following locate sources as appropriate: Custodial parent; Federal Parent Locator Service (FPLS); US Postal Service; State employment security agency; unemployment data; Department of Motor Vehicles; credit bureaus; and quick locate in other States.

NOTE: One State questioned whether locate should be included under this criterion. We have included locate under this criterion since it had previously been included under this criterion in the audit regulations. We recognize that most of the time, if locate was an issue, it would probably be evaluated under Enforcement (if needed) rather than this criterion.

☐ Repeat location attempts quarterly and when new information is received in accordance with §303.3(b)(5).

☐ Provide the custodial and non-custodial parents notices, not less often than once every three years, informing them of their right to request the State to review and, if appropriate, adjust the order. The first notice may be included in the order. (Section 466(a)(10)(C) of the Act)? This first notice should be sent 3 years from the last time notification was provided to the parents or by December 31, 1996. After the initial notice, the State must periodically (at least once every 3 years) send notices to both parents.

☐ Within 180 calendar days of determining that a review should be conducted or locating the non-requesting parent, whichever occurs later, conduct a review of the order and adjust the order or determine that the order should not be adjusted (§303.8(f)(1)(ii))?

☐ If request received during the review period and a review is necessary, give both parties 30 days to contest any adjustment to that support order if the cost-of living or automated methods had been utilized (§466(a)(10)(A)(ii) of the Act)?

## **6. INTERSTATE SERVICES -- §§303.30 and 303.31**

**Interstate cases should be reviewed for the appropriate child support services needed during the review period for the above Compliance Review Criteria. However, in addition, the case should also be reviewed separately for any interstate time frames that applied during the review period.**

a. For all interstate cases requiring services during the review period, determine the **last required interstate action** and review for the appropriate time frame from the following list.

### INITIATING INTERSTATE CASES

☐ Except for using the State's long-arm statute for establishing paternity, within 20 calendar days of determining that the non-custodial parent is in another State and, if appropriate, receipt of any necessary information needed to process the case, refer that case to the responding State's interstate central registry for action (§303.7(b)(2)).

NOTE: One State asked us to clarify that the initiating State is not obligated to refer cases until appropriate documentation is available to process the case.

☐ If additional information requested, provide the responding State's central registry with requested additional information within 30 calendar days of the request (§303.7(b)(4)).

☐ Upon receipt of new information on a case, notify the responding State of that information within 10 working days

(§303.7(b)(5)).

☐ Within 20 calendar days after receiving a request for review and adjustment take the appropriate action under the Uniform Interstate Family Support Act (UIFSA) (§303.7(b)(6)).

#### **RESPONDING INTERSTATE CASES:**

☐ Within 10 working days of receipt of an interstate IV-D case, the central registry must:

- a) Review submitted documentation for completeness;
- b) Forward the case to the State PLS for locate or to the appropriate agency for processing;
- c) Acknowledge receipt of the case and request any missing documentation from the initiating State; and
- d) Inform the IV-D agency in the initiating State where the case was sent for action (§303.7(a)(2)).

☐ Central registry must respond to inquiries from other States within 5 working days of receipt of request for a case status review (§303.7(a)(4)).

☐ Within 10 days of locating the non-custodial parent in a different jurisdiction or State, forward the case in accordance with Federal requirements (§§303.7(c)(5) and (6))

☐ Within 2 business days of receipt of collections, forward any support payments to the initiating State (§454B(c)(1) of the Act).. If State has not implemented a State disbursement unit, use a 15-calendar day standard to measure timeliness through 9/30/99 (§303.7(c)(7)(iv)).

☐ Within 10 working days of receipt of new information, notify the initiating State of that new information (§303.7(c)(9)).

#### **C. The State must have and use procedures required under the following Case Review criteria in at least 75 and 90 percent of the cases required for the following criterion.**

##### **1. EXPEDITED PROCESSES -- §303.101**

a. For cases needing support obligations, regardless of whether paternity has been established, actions to establish support orders must be completed from the date of service of process or other successful notification to the time of disposition within the following time standards:

☐ 75 percent within 6 months (§303.101(b)(2)(i)) and ;

☐ 90 percent within 12 months (§303.101(b)(2)(i)).

b. In cases where the IV-D agency uses long-arm jurisdiction and disposition occurs within 12 months of service of process on the alleged father or non-custodial parent, the case may also be counted as a success for the 6-month standard (§303.101(b)(2)(iii)).

#### **EXHIBIT 2**

**THIS EXHIBIT IS INTENDED TO BE A GUIDELINE OR TOOL FOR STATES TO USE FOR THEIR**

**HOWEVER, IT IS NOT A MANDATORY REVIEW INSTRUMENT AND STATES MAY DESIGN THEIR OWN REVIEW INSTRUMENTS OR FORMS TO CONDUCT CASE REVIEWS.**

Case Closure					
Questions	Yes	No	Reasons for Deficiency	References	Comments
1. Was case closed during the review period?					If Yes, continue with Question C1.  If No, go to Question 2.
C1. If the case was closed, did it meet one or more of the Federal closure criteria?				167303.11(b)(1) - (12)	If Yes, go to Question C2. No represents an Error case.
C2. If closed, was 60 day notice sent, if appropriate?				167303.11(c)	Yes or N/A represents an Action case. No represents an Error case.

**General Case Closure Comments:**

ESTABLISHMENT OF PATERNITY AND CHILD SUPPORT ORDERS					
Questions	Yes	No	Reasons for Deficiency	References	Comments
2. Was child support order establishment an issue during the review period?					If Yes, Continue with Question OE1;  If No, Go to Question #3.
OE1. Was a child support order established during the review period?				303.4	Yes represents an "Outcome Action Case"; go to Question #3.  If No, go to Question OE2.
<b>ONLY EVALUATE ONE QUESTION BETWEEN OE2 AND OE4:</b>					Evaluate the last required action during the review period for which the time frame can be evaluated.

OE2. If the non-custodial parent was located, was service accomplished within 90 calendar days of locate, or if service was unsuccessful, were unsuccessful attempts documented in accordance with State's definition of diligent efforts.				303.4(d) and 303.3(c)	Yes represents a "Process Action Case"; go to Question #3.  No represents an Error case.
OE3. If location was needed, was the latest Federal locate requirement met?				303.3(b)(3) and (5)	Yes represents a "locate action case" go to question #3. No represents an Error case.
OE4: If case opening was needed, was the Federal requirement met?				303.2(b)	Yes represents a "case opening action case." No represents an Error case.

**General Establishment Comments:**

EXPEDITED PROCESSES					
Question	Yes	No	Reason for Deficiency	References	Comments
3. Was expedited process an issue (support order need to be established in the review period and non-custodial parent had been served either prior to or during the review period)?					If Yes, Continue with Question EP1;  If No, Go to Question 4.
EP1. Were actions taken to establish support orders (and paternity if needed) from the date of service to the time of disposition within 6 months? (If long-arm jurisdiction used, credit given for 6-month standard if action completed within 12 months.)				167303.101(b)(2)(i) and 167303.101(b)(2)(iii)	Yes represents an " <b>Outcome Action Case.</b> " <b>Also, EP2 would also receive a Yes for the second time frame.</b>  If No, Go to Question EP 2. N/A if insufficient time to complete.
EP2. Were actions taken to establish support orders (and paternity if needed) from the date				167303.101(b)(2)(i)	Yes represents an " <b>Outcome Action Case</b> ",

of service to the time of disposition within 12 months?					go to Question 4. No represents an error case. N/A if insufficient time to complete.
<b>General Expedited Process Comments:</b>					

#### ENFORCEMENT OF SUPPORT OBLIGATIONS

Question	Yes	No	Reason for Deficiency	References	Comments
4. Was Enforcement of Support Obligations an issue during the review period?					If Yes, Continue with Question E1;  If No, Go to Question 5.
E1. Was a wage withholding (ww) collection received in the last quarter of the review period?				303.6(c)(1)	Yes represents an <b>"Outcome Action Case"</b> and do not need to review time frames; but must also review question E7.  If No, go to Question E2.
E2. If ww not appropriate, was any collection received as a result of an enforcement action?				303.6(c)(2)	Yes represents an <b>"Outcome Action Case"</b> and do not need to review time frames; but must also review question E7  If no, go to Question E3.
<b>ONLY EVALUATE ONE QUESTION between E3 and E6 :</b>					Evaluate the last required action during the review period for which the time frame can be evaluated.
E3. If ww was appropriate, was ww actions initiated within required time frames?				303.100(c)(2), 303.100(f)(2), and	If yes, go to Question E7 to determine if all

				167453A(g)(1) of the Act.	Enforcement requirements met.  No represents an Error case; go to Question 5.
E4. If ww was not appropriate, was other appropriate enforcement action(s) initiated within Federal time frames, or if service of process necessary but unsuccessful, were unsuccessful attempts documented to meet State's diligent efforts definition ?				303.6(b), 303.6(c)(2), and 303.3(c)	If yes, go to Question E7 to determine if all Enforcement requirements met.  No represents an Error case; go to Question 5.
E5. If non-custodial parent's address and/or employer needed to be located, was the latest Federal requirement met?				303.3(b)(3) and 303.3(b)(5)	If yes, go to Question E7 to determine if all Enforcement requirements met.  No represents an Error case; go to Question 5.
E6. If case opening required, was the Federal requirement met?				303.2(b)	If yes, go to Question E7 to determine if all Enforcement requirements met.  No represents an Error case; go to Question 5.
<b>ANSWER THE FOLLOWING QUESTION IF CASE HAS ARREARS</b>					
E7. If case had arrearages, was it submitted for Federal and State Tax Refund Offsets, if appropriate?				303.6(c)(3), 303.72(a), and 303.102(a)	If yes or N/A, and previous Federal requirements met (Question E2 through E6), then Case is an Action case.  No represents an Error case; go to Question 5.

**General Enforcement Comments:**

**DISBURSEMENT OF COLLECTIONS**

Questions	Yes	No	Reasons for Deficiency	References	Comments
5. Were collections received during the last quarter of the review period? (If more than one collection, review the latest collection received during the last quarter of the review period.)					<p>If Yes, Continue with Question d1;</p> <p>If No, Go to Question 6.</p> <p><b>This requirement is effective 10/1/98 or 10/1/99 (for courts handling collections prior to PRWORA)</b></p>
D1. From date of receipt, did the State disburse amounts payable under 167457(a) of the Act within 2 business days after receipt from the employer or other source of income.				167454B(c)(1) of the SSA	<p>Yes represents an <b>"Outcome Action Case"</b>, go to Question 6.</p> <p>No represents an <b>"Error" case.</b></p>

**General Disbursement of Collections Comments:**

**Securing and Enforcing Medical Support Orders**

Questions	Yes	No	Reasons for Deficiency	References	Comments
6. Was securing and enforcing a Medical Support Obligation an issue during the review period?					<p>If Yes, Begin with Question MS1;</p> <p>If No, Go to Question 7.</p>
MS1. For support orders being established or modified, was medical support ordered? If not ordered, was medical support included in the petition for support?				167466(a)(19) of the Act and 167303.31(b)(1)	If Yes or N/A, go to Question MS3. No to the second question represents an Error case.
MS2. If medical support ordered,				167303.30(a)(7)	No represents

did IV-D take steps to determine if health insurance was available?				and 167303.30(a)	Error case.
MS3. If medical insurance was available, but not obtained, were steps taken to enforce the order?				167303.31(b)(7)	No represents Error case.
MS4. If health insurance was obtained, was the Medicaid agency informed?				167303.31(b)(6)	No represents Error case.
MS5. If health insurance obtained, was custodial parent notified?				167303.31(b)(5)	No represents Error case.
MS6. Did IV-D request insurance provider to inform them of lapses of coverage?				167303.31(b)(9)	No represents Error case.
MS7. If non-custodial parent was providing health insurance coverage and changes employment and the new employer provides health care coverage, did the State transfer notice of the health care provision to the new employer, which would enroll the child in the non-custodial parent's health plan, unless the non-custodial parent contested the notice				167466 (a)(19) of the Act	No represents Error case.

**General Medical Support Comments:**

**REVIEW AND ADJUSTMENT OF ORDERS**

Questions	Yes	No	Reasons for Deficiency	References	Comments
7. Was review and adjustment an issue during the review period?					If Yes, Continue with Question R1;  If No, Go to Question 8.
R1. If case was reviewed and adjusted, or a determination is made, as a result of a review, during the review period, that an adjustment was not needed, the State will be considered to have				167303.8(f)(3)	Yes represents an <b>Action Case</b> , go to Question 8. If no, answer appropriate question R2



taken appropriate action.					through R5.
<b>ONLY EVALUATE ONE QUESTION between R2 and R5 :</b>					
R2. If request received during the review period and a review is necessary, was both parties given 30 days to contest any adjustment to that support order if the cost-of living or automated methods had been utilized?				167466(a)(10)(A)(ii) of the Act	Yes represents an Action case. No represents an Error case.
R3. Was a review completed within 180 days of determining that a review should be conducted or locating the non-requesting parent, whichever occurs later?				167303.8(f)(1)(ii)	Yes represents an Action case. No represents an Error case.
R4. Were the custodial and non-custodial parents provided notices not less often than once every three years informing them of their right to request a review?				Section 466 (a)(10)(C) of the Act	Yes represents an Action case. No represents an Error case.
R5. If non-custodial parent's address and/or employer needed to be located, was the latest Federal requirement met?				303.3(b)(3) and 303.3(b)(5)	Yes represents an Action case. No represents an Error case.
<b>General Review and Adjustment Comments:</b>					
<b>INTERSTATE SERVICES</b>					
<b>Questions</b>	<b>Yes</b>	<b>No</b>	<b>Reasons for Deficiency</b>	<b>References</b>	<b>Comments</b>
8. Was Interstate an issue during the review period?					If Yes, Continue with Question IN1;  If No, not applicable.
<b>INITIATING INTERSTATE CASE:</b>					
IN1: Was interstate time frame met? [Only need to evaluate the latest time frame.]				167303.7(b)(2), 167303.7(b)(4), 167303.7(b)(5), and 167303.7(b)(6)	Yes represents an Action case. No represents an Error case.

<b>RESPONDING INTERSTATE CASE:</b>					
IN2: Was interstate time frame met? [Only need to evaluate the latest time frame.]				167303.7(a)(2), 167303.7(a)(4), 167303.7(c)(5), 167303.7(c)(6), 167454B(c)(1) of the Act, 167303.7(c)(7)(iv), and 303.7(c)(9).	Yes represents an Action case. No represents an Error case.
<b>General Interstate Comments:</b>					

### ***Exhibit 3: Self-Assessment Core Workgroup Report:***

#### **SELF-ASSESSMENT CORE WORKGROUP REPORT**

**MARCH 1998**

#### **SELF-ASSESSMENT CORE WORKGROUP REPORT**

##### **INTRODUCTION**

This report summarizes the activities, processes and recommendations of the Self-Assessment Core Workgroup (Workgroup), which was convened by the Office of Child Support Enforcement (OCSE) in the Administration for Children and Families (ACF) at the U. S. Department of Health and Human Services (DHHS). The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) requires the States to develop their own self-assessment capabilities. The purpose of the Workgroup was: to explore the limits of the legislation and determine what criteria States would be required to address in their annual report; to establish a process or methodology to be used to review the criteria; and to develop a vehicle for reporting the results of these reviews.

A Core Workgroup, which consisted of 24 representatives of State IV-D programs, ACF regional offices, and the OCSE central office met in May and August 1997. In concert with these meetings, as well as numerous conference calls, the Core Workgroup circulated its decisions and recommendations among all of the other States, region by region, and received feedback and reactions to ideas that were then incorporated into the discussions and conclusions of the Workgroup. This report is based on recommendations reached through consensus of the members of the Workgroup.

It was recognized that meaningful discussion of the self-assessment issues would be contingent upon finalization of work performed by the Incentive Funding Workgroup. Thus, the Self-Assessment Workgroup activities were delayed until that Workgroup issued its report in January 1997.

##### **BACKGROUND**

OCSE audits State Child Support Enforcement programs to ensure that they meet Federal requirements. In the past, Federal law specified that States that had been audited and found not to be in substantial compliance with Federal requirements were subject to a financial penalty. The penalty could be held in abeyance for up to one year to allow States the opportunity to implement corrective actions to remedy the program deficiency(s). At the end of the corrective action period, a follow-up audit was conducted. If the follow-up audit showed that the deficiency had been corrected, the penalty was rescinded.

The rules for auditing State Child Support Enforcement programs have changed for OCSE, and now additional requirements are being placed on States to assess their own performance. Under PRWORA, audit requirements emphasize performance outcomes instead of process. PRWORA revised Federal audit requirements from a process-based system to a performance-based system. This means that the Federal government's oversight responsibilities are balanced with States' responsibilities for child support service delivery and fiscal accountability.

The new law requires State child support agencies to submit an annual report on their operations to assess whether they are meeting Federal requirements for providing child support services. Section 454(15)(A) of the Social Security Act (the Act), revised by PRWORA, provides for:

a process for annual reviews of and reports to the Secretary on the State program operated under the State plan approved under this part, including such information as may be necessary to measure State compliance with Federal requirements for expedited procedures, using such standards and procedures as are required by the Secretary, under which the State agency will determine the extent to which the program is operated in compliance with this part.

Section 452(a)(4) of the Act specifies that Federal staff will "review annual reports submitted pursuant to section 454(15)(A) and, as appropriate, provide to the State comments, recommendations for additional or alternative corrective actions, and technical assistance."

## **FORMATION OF SELF-ASSESSMENT WORKGROUP**

During the fall of 1996, three Welfare Reform Forums were held and solicitation for the Workgroup was sought from attendees, who represented States, ACF regional offices and the OCSE central office. While some vendors had requested to participate in this Workgroup, the decision was made to exclude them from the process. No such requests to participate were received from the various child support advocacy groups. The IV-D Director's National Council of State Child Support Enforcement Administrators was also contacted to solicit State representation. Additionally, during OCSE regional conference calls, volunteers were recruited for the Workgroup.

The Workgroup was subsequently formed, and consisted of 53 (35 State and 18 Federal) volunteers (See EXHIBIT 3). Members included staff from State IV-D programs, ACF regional offices and the OCSE central office. Ultimately, it was determined that there should be a Core Workgroup that would coordinate with all 53 members, while providing for a smaller, more manageable group to be directly involved in the self-assessment guidelines. The Self-Assessment Workgroup was pared down to a Core Workgroup of 24 (10 State and 14 Federal) representatives.

Building upon the Incentive Funding Workgroup Report to the Secretary, which was issued in January 1997, the Workgroup considered the defined performance measurements as a basis for the Workgroup to develop its final product. The Incentive Funding Workgroup broadened the scope of performance measurements to encompass interests of each State's IV-D management, recipients of child support, and other interested stakeholder. The Self-Assessment Workgroup also considered, as appropriate, the goals, objectives, and outcome measures set forth in OCSE's strategic plan, which had been endorsed by the States.

Operating under an agreed set of conference call ground rules adopted on April 3, 1997, the Workgroup determined that a quorum was needed for major decisions. It was also determined that there would be no vote taken on issues pending; moreover, consensus (although, not necessarily, unanimous agreements) would be sought. The approach taken by the Workgroup was to elicit the State representatives to contact their counterparts in other States within the regions they represented and disseminate all information; and, on an ongoing basis, conduct State conference calls or meetings to solicit their comments and consensus.

It was determined that the annual report developed by each State would be a fluid, dynamic document, subject to ongoing analysis. It is envisioned that the Core Workgroup may reconvene to address areas that need to be changed or revised.

## **PLANNING AND DEVELOPMENT**

The Workgroup recognized the logic and necessity of correlating the goals and objectives of OCSE's strategic plan which was endorsed by the States on February 28, 1995, as well as the outcome measures endorsed on July 18, 1996, as a preamble to implementation of PRWORA provisions, with the self-assessment initiative. The Workgroup also acknowledged that the self-assessment process should address meaningful program results on the one hand, and not duplicate program information, such as performance measurement data, that was already going to be analyzed and reported by the States. Ultimately, all States should be focused on the same goals and moving in the same direction in their self-assessment process.

Consideration was also given to States' concerns that the process should not be too extensive or resource consuming and would not place the States in jeopardy of financial sanctions. For example, States generally felt that the process did not need to duplicate the program results/performance measurements audits that had previously been conducted by the OCSE Division of Audit, or the audits that OCSE will conduct under the provisions of PRWORA. This notwithstanding, it was also recognized that some of the criteria included in these audits, particularly case processing time frames, were pertinent and should be included to provide meaningful assessment of State programs. At a minimum, the criteria recommended by the Workgroup would clearly define the compliance definitions, and relate directly to the objectives and outcome measures as set forth in the strategic plan. In addition, the Workgroup agreed that States should be provided the flexibility to expand their self-assessment reviews as deemed appropriate to serve their own management needs.

The Core Workgroup held a series of conference calls during which a list of topics for inclusion in the list of self-assessment criteria was developed. The listing was comprised of items that were identified from the OCSE strategic plan, the Incentive Funding Workgroup Report, the 45 CFR Part 305 audit criteria, and other areas identified and proposed by the Workgroup members as a result of work done previously in their individual States. The representatives discussed how they were currently reviewing or evaluating the performance of the IV-D program in their States, some of the techniques they have used to facilitate their reviews and evaluations, and potential problem areas which they believed would have an impact; i.e., State progress with automation, staff resources, funding constraints.

The State representatives of the Core Workgroup were charged with the task of contacting their counterparts in other States within their region to share all information discussed during the conference calls and to solicit their comments and consensus. The State members of the Workgroup disseminated pertinent information to their States through the use of E-Mail and faxes for comment.

Meetings were held in Arlington, VA and Denver, CO. After the first meeting in Arlington, through a series of Regional/State conference calls, the Core Workgroup members distributed all information from the meeting and solicited comments and responses from each State. At national and regional meetings, including the American Public Welfare Association (APWA) and National Child Support Enforcement Association (NCSEA), Self-Assessment Workgroup information was disseminated. Information from Core Workgroup meetings was discussed during OCSE regional conference calls. Informal comments were also solicited from several child support advocacy groups. After the above input was evaluated and, where appropriate, incorporated, the report was sent to each State's IV-D director for their review and comment. Again, all comments and suggested revisions or changes received were reviewed, considered, and made if appropriate.

## **SELF-ASSESSMENT IMPLEMENTATION METHODOLOGY**

The Workgroup recognized that there were several issues that needed to be addressed concerning work product development such as: Organizational Placement; Sampling; Scope of Review; Review Period; Due Dates; and Reporting. These issues are discussed below.

Organizational Placement - The Workgroup recognized that the self-assessment requirements set forth in PRWORA specify that each State must develop a self-assessment process. However, PRWORA neither addresses the establishment of units dedicated to this function nor requires these units to be placed within the IV-D agency or umbrella organization. Other questions the group addressed were: (1) whether the States should have the prerogative to contract the function to a private vendor or other governmental unit; and (2) the degree of control the IV-D agency should be expected to exert, regardless of where or how the function is performed.

The Core Workgroup solicited and received comments from several States concerning the three issues set forth above. States generally professed, and the Workgroup agreed, that the self-assessment process should entail a hands-on, detailed analysis of the data to be reported. The Workgroup felt that States should be discouraged from simply extracting data from their automated systems to satisfy their self-assessment responsibilities. There was general consensus that a formal unit need not be established, but that staff be assigned to the function of conducting self-assessment reviews.

In regard to the organizational placement of the self-assessment unit there was strong agreement among States and Workgroup members that this capability be placed within the IV-D agency. This way, the expertise needed to perform meaningful program analysis could be developed and maintained through the direct involvement of experienced IV-D staff. One State's IV-D Director responding to the report expressed the following: "I cannot emphasize too strongly that the unit must be within the IV-D agency - this is a self-assessment, a continuous ongoing process. It would lose its usefulness as a tool if it were conducted as an 'audit' and **imposed** by an outside entity." Another IV-D Director stated: "Contracting out for services or relying upon staff without IV-D experience may serve to limit the subtle insights gained through use of IV-D staff. IV-D staff are more likely to understand not only what the numbers say, but what they really mean."

The Workgroup recognized that regulations exist which support this position. State plan requirements set forth in 45 CFR 302.10 specify that the State IV-D agency will conduct "regular planned examination and evaluation of operations in local offices by regularly assigned State staff." The Workgroup believes that this regulation should be construed to apply to the self-assessment function and thereby, ensure that it remain under control of the IV-D agency in all States.

The above notwithstanding, the Workgroup acknowledged that the law does not preclude States from privatizing or otherwise contracting the self-assessment function, should they so choose. In fact, precedence has already been established by States that have contracted out selected program functions, yet are not in violation of their State plan responsibilities. Therefore, while the Workgroup believes that States would be better served if they conducted their self-assessments in-house, delegation of that function would not violate the spirit of the law, provided that the IV-D agency maintain control of the contracting process, including monitoring the evaluation process, the due dates, and contents of the annual report.

Sampling - The Workgroup recognizes that it may not be feasible to a single sampling plan that would accommodate the needs and particular circumstances of every State. In addition to the required compliance criteria included in Exhibit 1, there may also be data that individual States will want to analyze to complement or expand their self-assessment process for their own management purposes. In addition, the varying levels of automation among the States will dictate different approaches to selecting IV-D cases.

Consideration was given to the sampling approach historically used by the OCSE Division of Audit in their program results/performance measurements audits of the States. The Division of Audit caseload sampling plan was designed to look at a minimum number of cases, while being representative of the State's total caseload. The resulting sample size was often 500 or more cases. Each case was evaluated for all needed child support services during a defined audit period.

This sampling approach evolved because, for the most part, States historically were unable to provide caseload universes by the specific criteria or functions included in the audit's scope. Nevertheless, there were limitations to this approach. Actual numbers of cases reviewed were generally much lower than initially anticipated because many sampled cases were eliminated, primarily as a result of no services being required during the audit period. In addition, and directly related to the above, the resultant number of cases actually reviewed frequently were not sufficient for some of the criteria to permit reliable projection of program performance at the targeted confidence level.

The Workgroup believes that, with the progress States have made and continue to make in automating their child support case management systems, the approach historically used by the OCSE Division of Audit may not necessarily represent the best approach for State self-assessments. The scope of the self-assessments, at least considering the criteria that is proposed to be mandatory as listed in EXHIBIT 1, will be much smaller than the former OCSE audits. Also, and more significantly, most States have, or soon will have, statewide certified

automated systems that would allow them to take separate, focused samples for individual criterion.

Another factor of the prior OCSE audits was that the sample size was designed to provide a high precision and level of confidence (95 percent), which would stand up to legal challenges as being representative of each State's program, in the event financial sanctions would be imposed as a result of those audits. The self-assessment requirement set forth in PRWORA does not provide for financial penalties based on the results of State self-assessments. Therefore, the Workgroup believes that the samples taken for self-assessment purposes need not necessarily meet the rigidity or precision requirements of the OCSE audits.

In consideration of the above, the Workgroup concluded that sampling needs and the approach used by each State for their self-assessment purposes, should be left to each State's design and discretion. However, the Workgroup believes that: a minimum confidence level of 90 percent must be prescribed; statistically valid samples must be selected; and each State must provide assurance that no segment of the IV-D universe is being systematically omitted from the sample selection process.

Some States may not yet be at a level of automation that would provide for focused sampling by specific criterion. The Workgroup believes that in these instances, the sampling approach used by the OCSE Division of Audit could still be considered. Technical expertise of the OCSE audit staff would be made available to States that request their assistance.

The Workgroup believes that States with the capability of using their automated systems to focus their samples on the individual functions to be reviewed should do so. In response to a request for comments, one State indicated the following: "We believe for those states with automated systems capable of identifying "focused samples" that supplemental program reviews throughout the year, in addition to the required federal model, will significantly increase the ability of the self-assessment staff to better identify potential compliance problems at lower levels within the IV-D agency, best (and sometimes worst) practices, system or legal bottlenecks, and the correlation to the performance reports upon which incentives are tied." The States that can not do this by function should take a statewide sample. This sample could be selected by utilizing their own sampling expertise, or by requesting Federal technical assistance to achieve a confidence level of 90 percent. This is not intended to prohibit a State from developing other sampling or review strategies to address other issues specific to their program or State, or to initiate sampling plans that will generate higher confidence levels.

Scope of Review - The Workgroup recognized that while most States already had some self-assessment capabilities or experience, others may require accommodation for their lack of experience in this area, in developing self-assessment sampling plans. The concept of staging the plans so that some, but not all criteria would be reviewed each year on a rotational basis was discussed. During subsequent discussion, aided by State input, the workgroup arrived a general consensus that the goal of a successful and meaningful self-assessment review would result in all required criteria being reviewed by all states each year.

However, to facilitate the development of State's self-assessment capacity, **for the first annual review only**, a State may request a waiver delaying review of no more than 4 of the Category 1, Required Compliance Criteria. A waiver request, with a detailed explanation of which criteria will not be reviewed, must be sent to the Director, OCSE Division of Audit as soon as possible, but no later than September 30, 1998.

It was also decided by the Workgroup that States would not be required to synchronize their review periods to coincide exactly with the period covered by the annual report, provided that the case samples are selected from the period being reviewed and reported on. This would allow the States to review their cases in increments throughout the reporting period, and not necessitate waiting for the reporting period to end before they begin their assessment. Among the obvious benefits to this approach would be that the review results would evolve during the reporting period, and any problems identified could be dealt with on an ongoing basis. Also, information provided to management from the reviews would be more current than if the reviews were performed after the reporting period. For many States this would expedite preparation of their annual report.

To accommodate those States that choose to review their case samples in increments throughout the period to be reported, the Workgroup proposes that the cases selected at any time during the reporting period be reviewed for appropriate action for a 12-month period preceding the date the case was selected for review.

Review Period - The effective date for the PRWORA provisions for Federal and State reviews is October 1, 1997 (calendar quarter beginning 12 months or more after the date of enactment of PRWORA, or August 22, 1996). The proposed review period for the first required State self-assessments will be a 12-month period, beginning no later than October 1, 1997, and each 12-month period thereafter. The 12-month review period should give States sufficient time to evaluate the case processing time frames.

Due Dates - The Workgroup proposes that written reports would be due within 6 months after the end of the review period. For example, if the review period ends September 30, 1998, the first report is due by March 31, 1999.

Rather than evaluating a statewide sample, if a State samples **all** counties or regions independently with a 90 percent confidence and combines the results into one statewide report, then the State may request a waiver for up to a maximum 6-month delay. The waiver request, with a detailed explanation of the reason for a delay, must be submitted to the Director, OCSE Division of Audit no later than September 30, or 6 months prior to the reporting due date.

Reporting - PRWORA requires that an annual report regarding State self-assessment activity be submitted to the Secretary of the DHHS. The Workgroup believes that the report should be signed and certified by the State IV-D Director. The Workgroup also believes that these reports should be submitted to the Commissioner of OCSE, with a copy to the cognizant ACF regional office and OCSE Area Audit Office.

## **REQUIRED PROGRAM COMPLIANCE CRITERIA**

The Workgroup reached consensus that the self-assessment reviews should encompass three areas of review:

- ☐ Category 1: Required Program Compliance Criteria;
- ☐ Category 2: Program Direction; and
- ☐ Category 3: Program Service Enhancements.

The Required Program Compliance Criteria category will be mandatory areas to review so that the State may determine compliance with Federal State plan requirements and case processing time frames. The Program Direction Review will be the State's assessment as to whether there is a relationship between its case results for the compliance criteria requirements with outcome measurements to determine whether they are meeting the goals and objectives of the program. Program Service Enhancements Review will be an evaluation of innovative practices and creative use of resources that are being utilized by the State to better serve its customers and improve its child support program. The following sections will discuss these three categories in more detail.

### **Category 1: Required Program Compliance Criteria**

The program criteria presented below represents selected child support areas that have previously been covered by Federal audits, and which are addressed in regulations at 45 CFR Parts 302 and 303. It was the consensus of the Workgroup that these criteria represent the current program requirements that most directly relate to the major child support functions, which must be monitored to assess program performance. Also, they bear a direct correlation to the goals and objectives set forth in OCSE's strategic plan, which has been endorsed by the States, as well as the 15 outcome measurements set forth in that plan.

The Workgroup believes that these criteria, as set forth in EXHIBIT 1, represent the minimum that States must include in their self-assessment reviews and must address in their reports to the Secretary. This does not preclude States from expanding their reviews to include program areas not deemed mandatory by the Workgroup to accommodate their specific management needs.

For the most part, the requirements referenced under each criterion in EXHIBIT 1 highlight program standards (time frames), or other requirements, as set forth in the appropriate 45 CFR 302 or 303 regulations. It is intended that these criteria will be evaluated in a manner that will allow them to be quantified in a format, such as that presented in EXHIBIT 1, with the resultant numeric data summarized and included in Category 1 of the annual report.

The Required Program Compliance Criteria, which must be reviewed annually are as follows:

1. Case Closure;
2. Establishment of Paternity and Support Orders;
3. Expedited Process;
4. Enforcement of Orders;
5. Disbursement of Collections;
6. Securing and Enforcing Medical Support;
7. Review and Adjustment; and
8. Interstate Services.

In keeping with the previous OCSE's definition of substantial compliance in 45 CFR 305.20, the Workgroup has decided to evaluate cases using benchmarks of 90 percent to evaluate "Case Closure," 75 and 90 percent for "Expedited Process," and 75 percent for all other Review Criteria. We believe that these standards have been determined to be fair and equitable and have been set through the regulatory process. We believe that States should have benchmarks to evaluate cases to make a determination if they are in compliance with the Federal requirements and to determine when corrective actions are needed to improve their performance. The case reviews will not be used as a basis for determining substantial compliance or for determination of any child support penalties.

Time standards related to "Provision of Services in Interstate IV-D Cases" will be evaluated separately; however, the extent to which child support services such as establishing orders, enforcing orders, disbursing collections, medical support, are provided or not provided should be evaluated under the appropriate Review Criteria.

Opening a case and locating non-custodial parents will be evaluated as part of "Establishment of Paternity and Support," "Enforcement of Support Orders," and "Review and Adjustment." These requirements are not an end in itself, but are, in fact, often the initial steps in providing other major program services, such as paternity and support establishment and enforcement.

In moving towards a more results-oriented review, if the State achieved a successful outcome (i.e., order established), the State will consider the case to be an Action case and will not evaluate required time frames for the review period for that Review Criterion (i.e., Establishment of Paternity and Support). Successful outcomes will be considered to have occurred for the following Review Criteria: "Establishing Paternity and Support," "Enforcement of Support Obligations," and "Review and Adjustment."

If the State did not successfully complete an outcome for a case for a Review Criterion and time standards must be evaluated, the Workgroup is recommending that the reviewer should evaluate the **latest** required action that occurred during the review period for which the time frame can be evaluated. Therefore, only one time standard will be evaluated for a case for a Review Criterion. (If the time standard would normally expire after the review period, but the action was completed/successful within the review period, then this action should be counted.) We believe that concentrating on the latest required time standard will avoid creating a disincentive not to work a case because a time standard has been missed. This approach focuses more on results obtained.

EXHIBIT 1 defines specifically what Federal requirements and time standards that the States will be required to evaluate annually. It also provides general rules for evaluating cases. It is envisioned that the States will move towards automating the case evaluations utilizing its statewide child support enforcement system. However, in the meantime, we have provided a spreadsheet matrix, which the States may use as a tool to gather the data relating to the review criteria, EXHIBIT 2.

## **Category 2: Program Direction (Optional)**

This segment of the self-assessment evaluation should be an analysis of the relationships between case results



relating to program compliance areas, and performance and program outcome indicators. While this review area is optional, States have the opportunity to demonstrate how they are trying to manage their resources to achieve the best performance possible. This evaluation should explain the data and how the state adjusted their resources and processes to meet their goals and improve performance. In this section, States are encouraged to discuss new laws and enforcement techniques, etc., that are contributing to increased performance. Barriers to success, such as State statutes, may also be discussed in this section.

This section is intended to provide the State with an opportunity to evaluate and discuss such factors as: how to improve its child support program; how to determine where technical assistance may be needed; and where its program is working well.

### **Category 3: Program Service Enhancements (Optional)**

This review area is envisioned as a report of practices initiated by the States that are contributing to improving program performance and customer service. This optional area is an opportunity for States to promote their programs and innovative practices. Some examples of innovative activities that States may elect to discuss in the report include such things as:

- ☐ Steps taken to make their program more efficient and effective;
- ☐ Efforts taken to improve client services (i.e., expanded office hours, kiosks, Internet, voice response systems);
- ☐ Demonstration projects testing creative new ways of doing business;
- ☐ Collaborative efforts being taken with their partners and customers;
- ☐ "Reengineering" their child support operations to improve program performance;
- ☐ Innovative practices which have resulted in improved program performance;
- ☐ Actions taken to improve the public image of their program; and
- ☐ Access/visitation projects which have been initiated to improve non-custodial parents' involvement with the children.

This review area should also discuss whether the State has a process being implemented which provides for timely dissemination of non-AFDC applications, when requested, and child support program information to recipients referred to the IV-D program, as required by 45 CFR 303.2(a).

The Workgroup believes that this reporting category could be used by Federal staff to provide technical assistance to other States and disseminate "best practices" to other States.

### **FEDERAL ROLE**

The Federal role is to review annual reports submitted pursuant to section 454(15)(A) of the Act and, as appropriate, provide to the States comments, recommendations for additional or alternative corrective action(s), and provide technical assistance.

It was decided that the Federal involvement should include, but not be limited to:

- ☐ Approving IV-D State plan amendments certifying that the State has a self-review process;
- ☐ Providing review guidelines, instructions and methodology for the review to the State;
- ☐ Responding to requests for help from the State;
- ☐ Providing interpretation of compliance standards;
- ☐ Defining the continuing role of the Self-Assessment Core Workgroup in partnership and consultation with the States;

- ☐ Developing continuing partnership; reviewing and providing appropriate comments on self-assessment reports;
- ☐ Developing a Self-Assessment review module;
- ☐ Providing technical assistance;
- ☐ Overseeing the implementation of the self-assessment process in the States;
- ☐ Periodically analyzing reports to identify "Best Practices" to be shared or, areas in which technical assistance or training could be provided to States, and
- ☐ Providing comments and recommendations regarding the appropriateness of proposed corrective action(s) or alternative corrective action(s).

## **REPORT FORMAT**

The Workgroup reached consensus and determined that the required report should have three sections. Category 1, Required Compliance Criteria, will be mandatory to determine compliance with specifically cited Federal requirements. Category 2, Program Direction and Category 3, Program Service Enhancements, would be optional.

Category 1, Required Compliance Criteria, must be presented for all review criteria in a schedule (See EXHIBIT 1). At a minimum, deficiencies and recommendations would only be discussed on an exception basis for those criteria failing to meet the compliance standard. However, States may also elect to address their positive program outcomes in this section of the report.

Category 2, Program Direction, will be comprised of a narrative that shows cause and effect relationships as the State relates data from Category 1 to emphasize performance and program outcomes. States have the option to demonstrate how they are trying to manage their resources to achieve the best performance possible. This narrative will explain the data and how the State adjusted their resources and processes to meet their goals and improve performance. In this section, States are encouraged to discuss new laws and enforcement techniques, etc., which are contributing to increased performance. Barriers to success, such as State laws and resource limitations, may also be discussed. Results that do not meet State's expectations could also serve as a basis for requesting Federal technical assistance.

Category 3, Program Service Enhancements, is envisioned as presenting innovative practices or creative use of IV-D resources by the State to improve the Child Support Enforcement program. Such topics discussed may include outreach; in-hospital paternity; increase office hours to service customers, etc. This narrative must be related to program improvements or assessments.

## **PRESENTATION OF RESULTS**

The report should present the case results for all required review criteria: Case Closure; Establishment of Paternity and Support Orders; Expedited Processes; Enforcement of Orders (including wage withholding and tax offsets); Review and Adjustment; Securing and Enforcing Medical; Interstate Services; and Disbursement of Collections. For those criteria that fail to meet the appropriate targeted benchmark (75 and 90 percent), the report should analyze the reasons for the case deficiencies, draw conclusions, and make recommendations as to what corrective action(s) should be taken by the State. Subsequent annual reports should address any deficiencies from prior year's reports, and whether corrective action(s) taken stimulated program improvement.

The State should attempt to determine if the problems appear to be statewide or isolated to certain regions or counties. If the problems are significant, the State will want to analyze how the process works, and determine if there are barriers to getting the desired results (such as if the staff is organized effectively to achieve results or if the State's automated system could more fully automate the function).

Ideally, while doing analysis and corrective action proposals, the State should provide a link to what was done to accomplish increased performance. States are encouraged to present "Best Practices" that contributed to their

success in improved program performance.

The States should be vigilant to establish processes to use the level of automation that they have. Where appropriate, the automated system should be used to capture required data. In using the automated system to develop the required data, there should be some verification to ensure the reliability of the data.

## **IMPLEMENTATION STRATEGY**

The Self-Assessment Workgroup recognizes that the guidelines and recommendations proposed herein, will not, in themselves, end the involvement of this group or the appropriate Federal oversight agencies, as States move forward with their self-assessment strategies. There remain specific steps that must be initiated within defined time frames, and which are critical to ensure that all States can implement a process that will comply with PRWORA directives and provide meaningful and consistent analysis of State's programs.

The Federal office, in this endeavor, plans to lend all support necessary to their State partners and work closely with them to make their self-assessment initiatives meaningful. In addition to continuing the involvement of this Workgroup on an ongoing and as-needed basis, the Federal partners are committed to lending all support necessary to assist States in implementing their self-assessment functions. Examples of some types of assistance the States may receive from the Federal staff include; training, technical assistance and coordination among the various States.

It is also intended that all interested stakeholders, including the various advocacy groups, will be invited to involve themselves in the self-assessment process. The process will be assessed on an ongoing basis and adjusted, as appropriate, to incorporate newly mandated requirements and to accommodate the needs of all of the partners. Through these initiatives, it is envisioned that the changes brought about by PRWORA regarding States' self-assessment will become reality in an expeditious fashion, and will serve both the States and their Federal partners in moving the child support program forward as we continue to serve America's children.

**ATTACHMENT B – DESK REVIEW CHECKLIST**

## Desk Review I

### REVIEWING CASES IN ACTS (CSE Attachment C)

Objectives:

- ⇒ Provide a tool to assist in identifying training needs.
- ⇒ Ensure cases are being processed according to IV-D Policy and ACTS procedures.
- ⇒ Provide feedback to agents, supervisors and IV-D management staff regarding effective case management and quality.
- ⇒ Develop consistency in case reviews.
- ⇒ Tool to identify the practices of the most productive workers and share these practices with other staff to enhance productivity.

#### Quality Review Instructions:

The reviewer can select cases randomly from the ASR, worklist, XPTR reports, court calendar, telephone/office log, day sheets, scheduling maintenance etc. Our goal is to provide high quality services to our customers. The following scale is consistent with performance management plan expectations and measures for the level of quality being performed by individual agents and the county unit. Instructions are submitted as a guide for a full case review; however all elements apply in conducting a consistent quality review of the case management process. \*\* Line items # 9-13 , 20 and 21 should be reviewed in **EVERY** case. The following scale is the one being used in state operated offices.

OUTSTANDING:	100%	95%
VERY GOOD:	90%	94%
GOOD:	85%	89%
BELOW GOOD:	80%	84%
UNSATISFACTORY:	Below 80%	

#### Case Structure/Intake

- 1.-5. Review case events, attached notes and dates. Review the “APPL DT/AMT field on C6B (02.02, IV-D #, F9). Ensure the “FEE” and “APPL DT/AMT” fields are completed for the appropriate cases. When these fields are completed, a “CFEE” event is also created.

6. Review case processing status (02.02, F9, F9). Ensure that all POTN, RES, MAIL addresses and open employer records are updated, if not the case will result in the incorrect processing status.
7. Review case events (02.10). Ensure notes are attached correctly to case events and dispositioned correctly and appropriately.
8. Review worklist maintenance (03.01) for IV-D case and , NCP's MPI using View Option #3. Ensure all worklist items associated with case and NCP are reviewed, processed according to IV-D policy and ACTS procedures and deleted.
9. Review client account statement (05.08 client's MPI#) and EIS . The URPA balance is reflected on the top balance line with today's date in the "URPA Open" column. If the case is currently TANF status, make sure the current month's grant is reflected. If the case is a TANF case or prior TANF case, the grant amounts should be reflected for each month received. If the grants are not shown monthly, check to see if an "ADJM" line is reflected with notes attached that the adjustment has been done to add these grant amounts.
10. Review client welfare summary (02.13, client's MPI#) and EIS case data. If grant information found in EIS for the months listed on the client welfare summary screen is missing or incorrect, look for correct grant information in the "Grant ADJ " column. Especially important current month grant information. Compare all corresponding EIS information (dates, AFDC worker#, status etc.) with the ACTS case. The ACTS case should mirror EIS information.
11. Review case events (02.10). Was case handled with proper case management according to IV-D policy and ACTS procedures? If not, was justification documented clearly?
12. Review the IV-D status field on C6B (02.02, F9, F9) and EIS. Ensure the ACTS case is coded the same status as EIS.
13. Review address maintenance for client (02.05 client MPI#). If the case is TANF/MAO, make sure the address matches EIS. If the client is NPA status, make sure a MAIL address exist.
14. Review worklist maintenance (03.01) for IV-D case and , NCP's MPI using View Option #3. Ensure all worklist items associated with case and NCP are reviewed, processed according to IV-D policy and ACTS procedures and deleted.

### **NON-COOP**

15. Review case events (02.10). If TANF/MAO case, did client fail to cooperate with IV-D? If so, was the case referred for non-cooperation? Check to see if "Y" to "N" filed completed on Screen C8C and NCOR case event created. If client was non-

cooped and later cooperated, did agent change the “N” back to “Y” and the NCOD case event created.

**\*\* Are there IAP1, ICL2, APFI case events created? If so, there should be documentation in the notes attached relating to the result of the appointment. Make sure the appointment was dispositioned correctly (from the scheduling maintenance not case event).**

## **LOCATION**

16. Review locate events on NCP participant level (02.10, NCP's MPI#).
17. Review NCP address maintenance (02.05) for a verified “MAIL” out of state address. Review case events to determine if case was referred for interstate action if appropriate.
18. Review case events and NCP participant events (02.10) to determine if new information was received and action taken immediately.
19. Review case events (02.10)) and participant events for NCP to determine if all location leads indicated in the case were researched and dispositioned timely and correctly per policy and procedures. Review participant events for NCP (02.10). Were manual locations entered using 03.16 and system locations entered using 03.17. \* Look for the “L” and “M” events.
20. Review address maintenance (02.05). Has POTN and MAIL addresses been verified? If not, has postmaster verification letters been generated to update address information. Make sure address maintenance screen documented regarding verification dates and address type.

Review employment history screen (02.08). Are there multiple open employer records? If so, has the agent initiated follow up to close all records no longer needed? Make sure employment record is updated with current employer data (start date, salary, pay frequency, pay cycle date, verification date, source, and medical insurance availability field). Is the correct EIN# associated with the employment record? Was the employment record created correctly for self employer NCP's? Was a request sent to SIVD1158 if employer needs to be added to TPT? Also review the participant level events for the NCP (02.10, NCP's MPI#).

21. Review the Medical Insurance Availability Field on EHB (02.08) and the Medical Insurance Record (02.07). Was the medical insurance field properly completed and notes entered regarding availability of insurance? Was the medical insurance record created and all participants added? Does the employer reflected on the medical insurance record reflect the same EIN# attached to the employer on EHB?
22. Review the case processing field (02.02, F9, F9) to determine if the case is in the correct processing status.

## Cases Not Under Order

**\*\*If paternity is at issue for the child(ren), and there is a POTN, MAIL, RES address or open employer for the NCP, the case processing status is “PAT”.**

**\*\*If paternity is **not** at issue for the child(ren), and there is a MAIL, RES, or POTN address without a verification date and no open employer record, the case processing status is “ EST”.**

**\*\*Whether paternity is at issue for the child(ren) or not, and there is no Mail, RES, or POTN address or open employer record the case is in the “LOCT” processing status.**

23. Review case events (02.10) and participant events for NCP.
24. Review worklists associated with case and participant (03.01). Use View Option #3.

## PATERNITY

25. Review case events (02.10). Was civil action initiated within federal timeframes to establish paternity and support? Look for the ECVS or EAPS events.
26. Review case events (02.10). Was service information entered in ACTS correctly per IV-D policy and ACTS procedures? Look for the service information on the ECVS and EAPS case events.
27. Review case events (02.10). Was the “PXGT” (paternity excluded genetic test) event created if NCP excluded?
28. Review the case processing status field on C8C (02.02, F9, F9) to determine if the case is in the correct processing status. Was the address maintenance field updated if there was unsuccessful service?
29. Review case events (02.10) and the paternity test record (02.14 , child’s MPI#) . Does the case events indicate genetic testing was requested and scheduled properly? Was the genetic test appointment dispositioned? Were the test result entered in ACTS per IV-D policy and procedures? Were the results of the testing mailed to both parties?
30. Review screen C2A (02.01). Was the correct paternity disposition entered?
31. Review case events and child’s participant events (02.10). If paternity was established by affidavit of parentage generated by the agency, were the PEAP events created and dispositioned with “SIGN”. If it was hospital based paternity, was a PEAP event



created and the client and NCP information attached to the notes? Look for the PEST event (02.10). Also review screen C6A (02.02.F9). Was the case in the correct processing status when paternity was established?

32. Review case events (02.10). Was the genetic test stipulation generated and signed (look for the PAGT event).
33. Review court order information on FOD (05.05) or (02.16). Was the order entered correctly per IV-D policy and ACTS procedures. Make sure the docket# , pay type field (NONE) and terms field (PENS) were entered.
34. Review case events (02.10) Was CRIA event created if referred to attorney for review? Was "SELF" event created when documents referred to IV-D supervisor for review, if appropriate?
35. Review case events (02.10). Were notes attached to all applicable events and OOPS disposition entered for all documents not used?
36. Review worklists associated with case and participant (03.01). Use View Option #3.

## **SUPPORT/MEDICAL**

37. Review case events (02.10). Was legal action or appointment scheduled for client and NCP to pursue support order?
38. Review case events (02.10). Was service information entered in ACTS correctly per IV-D policy and ACTS procedures? Look for the service information on the ECVS and EAPS case events.
39. Review case events (02.10) Were there event notes that indicate the amount of PPPA and how the ability to pay was determined?
40. Review case events (02.10) and child's supplemental screen (02.01, child's MPI and F10). Was PPPA requested through ACTS Interface? Look for the PPAS and PPAR participant case events. There should also be notes entered on the Civil Complaint, Hearing event and or the Order event indicating the amount of PPPA ordered. If PPA was not pursued, make sure case events documentation reflects why.
41. Review case events (02.10) Look for the EVCS (civil summons) EAPS(application summons) ECVA (Alias and Pluries), ESUB( Subpoena) and ,ENOH (Notice of Hearing) events. Were process service information entered?
42. Review case events (02.10). Was CRIA event created and dispositioned with CRFA when returned from the attorney?

43. Review case events (02.10). Was the correct legal documents generated according to the legal action needed on the case per IV-D policy and procedures?
44. Review Medical Insurance Record (02.07, NCP's MPI#). Was the medical insurance record completed with all the available information. Was the Premium Cost field completed? Make sure the employer attached to this record has the same EIN# as reflected on EHB. F2 to ensure the participants were added.
45. Review the court order terms (05.05), hearing event , OVSA and or OCVL case events (02.10). Does it reflect medical was ordered? If not, are there notes attached advising why medical was not ordered.? Was the insurance claim information letter sent to client. Look for the RIC case event.
46. Review case events (02.10) Is there an OBAM event present? Are there notes attached reflecting income amount used for NCP and client, medical insurance costs, NCP other obligations, other dependents for NCP and client etc?
47. Review case events (02.10). Look at the ICL1, ICL2 (client interview). Is there documentation in note of verified daycare or extraordinary expenses?
48. Review case events and participant events (02.10). Were applicable events dispositioned correctly per IV-D policy and ACTS procedures?
49. Review court order screen (05.05) or 02.16. Were all the required fields (docket#, order date, start date, court/adm fips, terms etc.) completed per IV-D policy and ACTS procedures? Make sure the medical support services field was also completed. (Note: this field is tied to our case management goals for medical even though it is not a required field). Review the court order information on Screen FOD with the notes attached to the hearing event or the OVSA/OCVL event to ensure they reflect the same. Make sure the financial extensions were entered correctly for csup and arrears if applicable. If the order is for medical support only, make sure the correct docket# format is used.
50. Review case events (02.10), medical availability field on EHB (02.08) and the Medical Support Services field on FOD (02.16). Were these fields completed per IV-D policy and ACTS procedures. (Note: if medical support is not included in the order, this field must be completed to indicate why it was not ordered). Are there notes attached to EHB advising when medical will be available if not currently available? Were future worklist items created to follow up on medical ?
51. Review medical insurance record (02.07) to ensure all required fields completed. Also review the "Client Has Medical Support" field on C8C.
52. Review C8C (02.02, F9, F9). Review the case processing status field.
53. Review worklists associated with case and participant (03.01). Use View Option #3.

## **ENFORCEMENT/NON COURT ACTION**

54. Review case events (02.10) for the “DELQ” event. Was any type of enforcement action ( HOSC/W/W, etc) taken within 30 days of creation of event?
55. Review case events (02.10). Is there proper documentation of unsuccessful locate or is there a “LSUC” participant event ? Was any type of enforcement action taken within 30 days of location of the NCP.
56. Review case events , NCP participant event (02.10) and EHB (02.08). Look at when the new employer was found and information entered on EHB properly to generate income withholding. Look for the following case events associated with income withholding: WNOW(Original Notice of Obligation) and WWOW (Notice to Income Other Than Wages). Make sure service of process information was entered for these events.
57. Review case events (02.10) for certificate of service event (ECOS). If this event was not created, was document event OOPS?
58. Review screen C8C (02.02, F9, F9). Make sure the case is in DELQ or COLL processing status, whichever is appropriate.
59. Review Tax Intercept Data screen (02.15 NPC’s MPI#) and 05.13.
60. Review workman’s compensation for NCP (02.06, F6). If there are records present for the NCP was this information verified and I/W initiated? Look for the WWOW participant event. Review EHB also to ensure the correct employer record was built using “5555555555” in the ID field and add notes indicating the source of “other wages”. Make sure the WWOW event has process of service information.
61. Review EHB (02.13). Make sure the required fields were completed.
62. Review EHB (02.13) and case events (02.10). Make sure the Employer Compliance field is set correctly and service information was entered on the I/W event so that ACTS can monitor employer compliance. Review the WMJE case event to see if action was taken. Was process of service information entered or OOPs if not sent to employer. Does a TCEM exist reflecting the agent has contacted the employer to resolve the problem? Was the employer record closed if the NCP is no longer employed?
63. Review case events (02.10). Review document events to ensure all appropriate documents generated and OOPS if not used.
64. Review case events (02.10) Was CRIA event created if referred to attorney for review or was a SELF event created if referred to supervisor for review.

65. Review case events (02.10), medical availability field on EHB (02.08) and the Medical Support Services field on FOD (02.16). Were these fields completed per IV-D policy and ACTS procedures? Review the Medical Insurance Availability Field on EHB (02.08) and the Medical Insurance Record (02.07). Was the medical insurance field properly completed and notes entered regarding availability of insurance? Was the medical insurance record created and all participants added? Does the employer reflected on the medical insurance record reflect the same EIN# attached to the employer on EHB?
66. Review case and participant events (02.10).
67. Review worklists associated with case and participant (03.01). Use View Option #3.

## **COURT ACTION**

68. Review case events (02.10) for HOSC, HJEM, HFPM etc. Was process of service information entered ?
69. Review case processing status field on C8C. Is the case in the correct processing status of DELQ, LOCT, or COLL?
70. Review case events (02.10). Were all enforcement remedies (I/W, Show Cause, Liens, Bonds, Registration , Revocation of Professional/Occupation License, UIB etc) examined?
71. Review scheduling maintenance (03.02) for the desired period. Was the correct type hearing scheduled ? Review case events (02.10). Was the hearing dispositioned correctly per the results of the court hearing and through the scheduling maintenance? (Note: if the hearing remains on the scheduling maintenance and a disposition is entered on the case events, the hearing was dispositioned using the incorrect ACTS procedures.
72. Review case events(02.10). Were the appropriate documents for the action needed on the case for enforcement? Was process of service entered?
73. Review case events (02.10). Look for a CRIA case event and notes attached. Look for SELF event for case synopsis' if applicable. CRIA case event should have a CRFA disposition when documents returned from attorney.
74. Review case events (02.10).
75. Court Observation, and review of case synopsis in hard file. Make sure court preparation was thorough, concise, enabling attorney to move swiftly and proficiently through the court docket.

76. Review court order (05.05), order payment details (05.02) and calendar month distribution (05.09). Are there adjustments needed to the order and distribution sides. If frequency added to arrears balance, does court order reflect same?
77. Review case events and notes attached to hearings (02.10). Was all action taken needed as a result of the hearing timely?
78. Review case event (02.10). Look for ECCO (Order for Civil Contempt), EOFA (Order for Arrest) ECON (Order for Continuance) etc events.
79. Review court order (05.05) and compare same to hearing event notes attached.
80. Review court order (05.05) (current court order), and order payment details (05.02). On the court order look for the "Reason for Mod" field to be completed. While on the FOD screen, F6 (Order Extent) and review the arrears extensions to determine if the arrears are now adjudicated. Now Select the adjudicated arrears extension to review the tax intercept indicator.  
  
Review case events (02.10) to determine if the case processing status was changed to COLL if appropriate.
81. Review case events (02.10) hearing event notes. Is there documentation of medical insurance availability? Also review employer data (02.08) to see if the MED AVAIL field completed for current employer.
82. Review Tax Intercept Data screen (02.15 NPC's MPI#) and 05.13.
83. Review worklists associated with case and participant (03.01). Use View Option #3.

### **MOD/REVIEW**

84. Review case events (02.10). Ensure the review was based on IV-D policy. Look for the RARD case event (Review and Adjustment Denied). Was the correct disposition entered for this event?
85. Review case events (02.10) Make sure the review requested was followed up. Was there reverification of the NCP's wages and medical insurance cost?
86. Review Screen C8C, Processing Status Field (02.02, F9, F9). Ensure the case is in the correct processing status (COLL, DELQ).
87. Review case events (02.10). Look for the appropriate review and adjustment case events. Examples could be "RRRC", "RARE" and "RNIR" and "RARD".

88. Review medical insurance record (02.07). Make sure participants are added and the attached employer EIN# corresponds with the current employer EIN# on EHB. Was end dates entered on all appropriate medical records? Was the “RICI” event created indicating insurance information provided to the client.
89. Review case events (02.10) and scheduling maintenance (03.02). Make sure hearing events were created through scheduling maintenance and dispositioned .
90. Review employment maintenance (02.08) and ESC. Make sure the EIN# on EHB correspond with the EIN# in ESC for correct employer. If employer is not found in ESC, review case to
91. Review income withholding worksheet (05.23) to ensure all appropriate cases ( cases that meet income withholding requirements) are attached.
92. Review worklists associated with case and participant (03.01). Use View Option #3.
93. Review case events (02.10).
94. Review case events (02.10). Look at hearing event date and attached notes of the results. Look to see when the court order notices were generated.
95. Review case events (02.10). Were notes attached to all applicable events and OOPS disposition entered for all documents not used?
96. Review worklists associated with case and participant (03.01). Use View Option #3.

## Child Support Program to Be Monitored

<b>Program to Be Monitored</b>	<b>Monitor</b>
Alamance County DSS	Carol.Ray
Alexander County DSS	Carol.Ray
Alleghany County DSS	Carol.Ray
Anson County DSS	Carol.Ray
Ashe County DSS	Carol.Ray
Beaufort County DSS	Carol.Ray
Bladen County DSS	Carol.Ray
Brunswick County DSS	Carol.Ray
Buncombe County DSS	Carol.Ray
Burke County DSS	Carol.Ray
Cabarrus County DSS	Carol.Ray
Caldwell County DSS	Carol.Ray
Caswell County DSS	Carol.Ray
Catawba County DSS	Carol.Ray
Chatham County DSS	Carol.Ray
Chowan County DSS	Carol.Ray
Clay Conty DSS	Carol.Ray
Cleveland County DSS	Carol.Ray
Columbus County DSS	Carol.Ray
Davidson County DSS	Carol.Ray
Davie County DSS	Carol.Ray
Duplin County DSS	Carol.Ray
Durham County DSS	Carol.Ray
Edgecombe County DSS	Carol.Ray
Forsyth County DSS	Carol.Ray
Gaston County DSS	Carol.Ray
Granville County DSS	Carol.Ray
Greene County DSS	Carol.Ray
Guilford County Tax Department	Carol.Ray
Halifax County DSS	Carol.Ray
Haywood County DSS	Carol.Ray
Henderson County DSS	Carol.Ray
Hoke County DSS	Carol.Ray
Iredell County DSS	Carol.Ray
Jackson County DSS	Carol.Ray
Johnston County Manager's Office	Carol.Ray
Jones County DSS	Carol.Ray
Lee County DSS	Carol.Ray
Lenoir County DSS	Carol.Ray
Lincoln County DSS	Carol.Ray
Madison County DSS	Carol.Ray
Martin County DSS	Carol.Ray
McDowell County DSS	Carol.Ray
Montgomery County DSS	Carol.Ray
Moore County DSS	Carol.Ray

Nash County DSS	Carol.Ray
New Hanover County DSS	Carol.Ray
Northampton County DSS	Carol.Ray
Onslow County DSS	Carol.Ray
Orange County DSS	Carol.Ray
Pamlico County DSS	Carol.Ray
Person County DSS	Carol.Ray
Pitt County DSS	Carol.Ray
Polk County DSS	Carol.Ray
Robeson County DSS	Carol.Ray
Rockingham County DSS	Carol.Ray
Rowan County DSS	Carol.Ray
Rutherford County DSS	Carol.Ray
Sampson County DSS	Carol.Ray
Scotland County DSS	Carol.Ray
Stanly County DSS	Carol.Ray
Stokes County DSS	Carol.Ray
Surry County DSS	Carol.Ray
Transylvania County DSS	Carol.Ray
Vance County DSS	Carol.Ray
Wake County DSS	Carol.Ray
Washington County DSS	Carol.Ray
Wilkes County DSS	Carol.Ray
Wilson County DSS	Carol.Ray
Yadkin County DSS	Carol.Ray
Yancey County DSS	Carol.Ray



**Child Support Enforcement Monitors**

Child Support Enforcement	Alice McCoy	919-255-3902
	Parena Fonville	252-637-5031
	Frances Avery	910-897-2753
	Cathie Alexander	336-774-9657
	Teresa Allison	828-926-7807
	Carole Allen	704-434-5653
	John Holcombe	828-322-1037
	Judy Jedrey	252-354-2546
	Sally McDonald	910-424-4975
	Ben Nicholson	252-633-4922
	Rick Stang	252-321-2254

## **SECTION VII.A - FAMILY SUPPORT CHILD WELFARE SECTION COUNTY AGENCIES**

### **Process for Monitoring Local Government Program Subrecipients**

#### **Purpose**

The purpose of this plan is to establish a formal monitoring process for several federal and state funded child welfare programs which also includes the Work First (North Carolina's TANF) Program. The programs to be monitored are listed in the following table.

#### **Program Areas and Services to be monitored.**

NOTE: TANF transferred to SSBG is a funding source that is available only to Foster Care and Adoption Services.

<b>Area</b>	<b>Federal/State Compliance Number</b>	<b>Subrecipients to be monitored</b>	<b>SFY 2008 Projected Expenditures</b>	<b>Review Tool</b>
<b>Child Protective Services</b>	<b>93.667-1</b>	<b>Attachment 1</b>	<b>\$178,049,717.00</b>	<b>Attachment A and B</b>
<b>Foster Care</b>	<b>93-667-13</b>	<b>Attachment 1</b>	<b>\$152,717,324.00</b>	<b>Attachment C</b>
<b>Adoption Services</b>	<b>93.658.4CL</b>	<b>Attachment 1</b>	<b>\$1138,522,454.00</b>	<b>Attachment D</b>
<b>Work First</b>	<b>93.558</b>	<b>Attachment 1</b>	<b>207,996,190.00</b>	<b>Attachment E</b>
<b>State Maternity Fund</b>	<b>93.645-1</b>	<b>Attachment 1</b>	<b>\$1,258,008.00</b>	<b>Attachment F</b>
<b>At Risk Case Management</b>	<b>N/A</b>	<b>Attachment 1</b>	<b>8,000,000.00</b>	<b>Attachment ARCM A</b>

## **SOCIAL SERVICES BLOCK GRANT FOR CHILDREN**

The purpose of SSBG and TANF transferred to SSBG is to provide direct services towards the goals of economic self-support, personal self-sufficiency, preventing or remedying neglect, abuse or exploitation of children and vulnerable adults and supporting or strengthening families; and preventing or reducing inappropriate institutional care; and securing appropriate institutional care. Requirements and the list of allowable services are in the Family Services Manual. SSBG and TANF transferred to SSBG may be used for services to individuals who are eligible under the provision of the NC SSBG Annual Service Plan. Eligibility of services is determined by the county department of social services in accordance with requirements set forth by the Division. In addition, there are certain services that are mandated. Listed are the services that are reviewed by Child Welfare Monitors:

### **CHILD PROTECTIVE SERVICES**

- CPS-IN HOME SERVICES–SERVICE 215  
CPS- TEAM SETTING- SERVICE 219  
CPS-DIAGNOSTIC & TX- SERVICE 230  
ABOVE SERVICES ARE MONITORED FOR SSBG  
INTAKE & INVESTIGATION SVC 210 +211

### **FOSTER CARE SERVICES**

- FOSTER CARE SERVICES 100,109, 113,119,128 ARE MONITORED FOR SSBG & TANF TRANSFERRED TO SSBG

### **ADOPTION SERVICES**

- ADOPTION SERVICES 009,010,012,016 (POST ADOPTION SERVICES), FOR SSBG & TANF TRANSFERRED TO SSBG

### **LINKS**

- LINKS SVCS 133, 135,136 FOR SSBG

County departments of social services are responsible for determination and re-determination of eligibility and case management for services funded by SSBG. Responsibilities include receiving application for services (DSS-5027), obtaining information about the client, determining eligibility, and maintaining documentation as required by state and federal regulations. TANF transferred to SSBG takes on the same characteristics of SSBG once eligibility is established.

Below is a brief description of the Program Areas and Services to be monitored by the FSCWS section during the state fiscal year.

### **Child Protective Services**

The goal of Child Protective Services is to reduce the rate of maltreatment of children through legally mandated involuntary services for families with infants, children, and adolescents who have been harmed, or are at imminent risk of harm due to the actions of or lack of protection by the child's parent or caretaker.

There are three components to CPS: Intake, CPS Assessments (either Investigative Assessments or Family Assessments), and CPS In-Home Services. The county Department of Social Services

(DSS) receives reports of alleged abuse, neglect or dependency from individuals, assesses whether the allegations meet the legal definitions (CPS Intake), and if so, initiates a CPS Assessment to determine whether the family is in need of services, and if so, provides those services (CPS In-Home Services) until the conditions that led to the maltreatment are resolved and safety of the child can be assured. When the safety of the child cannot be assured, the county Department of Social Services takes the child into legal custody. Child Protective Services are available 24 hours a day, 7 days a week through all 100 county Departments of Social Services in North Carolina.

### **CPS Intake**

CPS Intake Social Workers in county Departments of Social Services receive reports of suspected abuse, neglect and dependency from the public, and through the use of a structured intake form, obtain comprehensive information on the family. From this information, the social worker and Intake supervisor determine together whether the report meets the legal definitions. If the allegations meet legal definitions, either an Investigative Assessment or Family Assessment is initiated by the county DSS.

### **CPS Assessments**

When a CPS report is accepted for assessment, one of two approaches is used. For abuse and severe neglect cases, the Investigative Assessment approach is used. For cases involving neglect or dependency, a more family-centered approach (the Family Assessment) may be used. There are specified steps that must be taken by the CPS social worker in order to determine whether or not involuntary CPS services are needed by the family. If services are needed, these are provided during CPS In-Home Services.

### **Child Protective Services-In-Home Services**

At the conclusion of a CPS Assessment (Investigative Assessment or Family Assessment), a case decision must be made as to whether there are safety issues for children in the home that require involuntary CPS services. If there are safety issues, the CPS social worker arranges or provides services to alleviate the conditions that led to the maltreatment of the child and to resolve the safety issues.

### **Foster Care Services**

Foster Care Services include temporary substitute care provided to a child who must be separated from his/her parents or caretakers when the parents or caretakers are unable or unwilling to provide adequate protection and care. Foster Care Services are designed to strengthen, preserve, and/or reunite families after children have come into agency legal custody or placement responsibility.

## **IV-E Adoption Assistance**

IV-E Adoption Assistance is available for all children whose status and special needs meet certain criteria. Children who are considered special needs include children with physical, mental, developmental, and emotional disabilities as well as sibling groups, older children, and children of color. The child's Department of Social Services determines individual eligibility based on certain criteria. The agency then negotiates with adoptive parents to meet needs through an adoption assistance agreement. Adoption Assistance payments begin for qualified children after the final order of adoption. Details for implementation of this program can be found in 45 CFR 1356.40

## **NC Links**

The provision of services and resources for teens and young adults 13 to 21 who have lived or are now living in the foster care system. Services are intended to facilitate successful transition to self-sufficiency.

County allocations comprise over 75% of expenditures; approximately \$500,000 is used for reimbursement to counties on behalf of individual youth; the balance is used for contracts (\$300,000) and administration.

## **At Risk Case Management Services**

At Risk Case Management Services is a Medicaid reimbursable targeted case management service provided by county departments of social services. It is used by both Adult and Child Welfare Services. The purpose of case management services for adults and children at risk for abuse, neglect, or exploitation is to assist them in gaining access to needed medical, social, educational, and other services, to encourage the use of cost-effective medical care by referrals to appropriate providers, and to discourage over-utilization of costly services.

## **Work First**

North Carolina's Work First Program is based on the premise that parents have a responsibility to support themselves and their children. Through Work First, parents can get short-term training and other services to help them become employed and self-sufficient, but the responsibility is theirs, and most families have two years to move off Work First Family Assistance. Work First emphasizes three strategies: Diversion, Work, and Job Retention. Work First Family Assistance is also provided for eligible children whose caretaker is not eligible for benefits themselves

Work First Family Assistance provides monthly financial assistance to assist in meeting the basic needs of families with children such as food, shelter, etc.

Work First services are provided to families to improve their employability skill, to assist families to become employed, retain employment, and become self-sufficient. The services provided to families include but are not limited to education/training, employment services, childcare, transportation services and retention services to the employed. These services provided to clients enable the state to meet employment goals for able-bodied adults entering

employment and able-bodied adults remaining off Work First for employment. Generally, these services are provided by a Work First employment worker or by other community agencies.

- **Child and Family Services Review (CPS, Foster Care and Adoption)**

Monitoring for CPS Intake and Assessments and additional monitoring of In Home services, Foster Care and Adoptions will occur through the CFSR process and through onsite visits by Children's Programs Representatives. The schedule is ongoing for the biennial review process, with 50 counties being reviewed every other year which means that all 100 counties are reviewed biennially. Program Improvement Plans are in place and being monitored by the CPR's for counties that were not in substantial conformity during CFSRs completed within the previous biennial cycle and the current and on going biennial process. In addition, any issues or areas of concerns around funding are shared with the Child Welfare Monitors.

- **Special Children Adoption Incentive Fund Program**

Division staff determines eligibility for SCAIF on a case by case basis based on documentation of child's special needs submitted by departments of social services. After a child has been approved for benefits from the Fund and the Decree of Adoption has been issued, Division staff will submit requests to the Controller's Office for monthly payments to be made directly to the adoptive family. Payment begins the month following finalization of the adoption and continues until notification is given by the department of social services to terminate benefits or the child reaches his eighteenth birthday.

- **Special Children Adoption Fund Program**

Division staff provides opportunities for ongoing technical assistance and support to help subrecipient partners reach project goals. An individual monitoring schedule is developed for each agency participating in the Special Children Adoption Fund Program that includes the following activities:

**Desk Monitoring** – staff reviews copies of monthly reimbursement request (*DSS-1571, part IV*) to ensure complete and accurate documentation regarding client eligibility, appropriate payment level for activity and compliance with all program requirements.

**Annual Onsite Reviews** – staff selects a sample of cases to be read on visit to ensure case documentation reflects services for which reimbursements have been requested and compliance with all applicable laws and program requirements. Opportunities are provided for discussion of deliverables and problem issues.

- **The State Maternity Home Fund (SMHF)**

The SMHF is not allocated to subrecipients. It is a payment made directly to providers based on the admission of eligible individuals to their facilities. Each application for care paid for by the State Maternity Home is reviewed for approval by the State Maternity Fund Coordinator. Approval is contingent upon the availability of funding. All State Maternity Home Fund applications are reviewed and approved by the Coordinator prior to the authorization of funds. An individual is eligible for residential care for up to six months or 183 days. If a client is eligible, TANF funding can cover the first four months or 120 days of the 183 day total. The Coordinator authorizes the period of eligibility (beginning and ending dates) for an individual

and notifies the DHHS Controller's Office to encumber funds for the specified number of days of care at an established rate for the home. The Coordinator reviews and approves individual invoices from each Service Provider, after monthly residential care is delivered, and notifies the DHHS Controller's Office to process payments. In the event that care is no longer necessary, prior to the end of the authorization period, funding is unencumbered. No sample is necessary since one hundred percent of the caseload is reviewed and approved independently.

The process for issuing State Maternity Funds, for residential services, is initiated at the local level by an assigned Case Worker from the County Department of Social Services or a Licensed Private Adoption Agency. The Case Worker is responsible for interviewing clients, building a service plan, and determining the services needed. If residential services are deemed necessary, an application (Form DSS-6187) is submitted to the State Maternity Fund Coordinator to review and determine eligibility based on Pregnancy Services guidelines. Approval for applications are issued on a Notice of Action funding authorization (DSS-6188) and distributed to the Case Worker and Service Provider. In addition, the funding approval is distributed to the DHHS Controller's office for encumbrance of funding.

The DHHS Controller's office issues a preliminary monthly statement to Service Providers, detailing approved placement information for clients receiving services. The Provider reviews the preliminary statement, determines the need for any changes or input of client discharge data and updates the statement to reflect correct enrollment information. After the review and any applicable changes, the Provider certifies services provided by signing and dating the statement. The completed statement is forwarded to the State Maternity Fund Coordinator for final approval. After review, the Coordinator approves the payment and returns the statement to the DHHS Controller's office for processing of payment directly to the service provider.

Supplement Number ( <a href="#">Note A</a> )	State Project/Program	Division If Applicable	Types of Compliance Requirements ( <a href="#">Note B</a> )														
			CC	A	B	C	D	E	F	G	H	I	J	K	L	N	M
93.558-3	Work First Program	DHHS-DSS	Y	Y	Y	Y	-	Y	Y	Y	Y	Y	Y	-	Y	Y	Y
93.658-2CL	Title IV E Maximization Program and State Funds	DHHS-DSS	Y	Y	Y	Y	-	Y	Y	Y	Y	Y	-	-	Y	Y	Y
93.658-4CL 93.659	Foster Care and Adoption Programs	DHHS-DSS	Y	Y	Y	Y	-	Y	Y	Y	Y	Y	-		Y	Y	-
93.667-1	Social Services Block Grant		Y	Y	Y			Y		Y	Y	Y	Y		Y		Y
93.667-13	TANF transferred to SSBG		Y	Y	Y	-	-	Y	-	Y	Y	Y	-	-	Y	-	-
93.659	IV-E Adoption Assistance		Y	Y	Y	-	-	Y	Y	Y	-	Y	-	-	Y	-	-
93.658	IV-E Foster Care Maintenance		Y	Y	Y	-	-	Y		Y			-	-	Y	-	Y



## Types of Compliance Requirements

CC	Crosscutting Requirements (see Section D)	D	Davis-Bacon Act	H/8	Period of Availability of Federal Funds	L/12	Reporting
A/1	Activities Allowed or Unallowed	E/5	Eligibility	I/9	Procurement and Suspension and Debarment	M/13	Subrecipient Monitoring
B/2	Allowable Costs/Cost Principles	F/6	Equipment and Real Property Management	J/10	Program Income	N/14	Special Tests and Provisions
C/3	Cash Management	G/7	Matching, Level of Effort, Earmarking	K/11	Real Property Acquisition and Relocation Assistance	15	Conflict of Interest

### Notes

A. The presence of "CL" in the supplement number indicates that the program is a cluster. See the compliance supplement for composition of the cluster.

B. The presence of "Y" on the matrix indicates this type of compliance requirement may apply to the Federal program. The auditor should use Part 3 of Section A and the compliance supplements in Section B in planning and performing the tests of compliance required by state agencies. This is in addition to the requirements, if any, in the Federal Compliance Supplement reproduced in Section A.

The presence of a dash (-) indicates the program normally does not have activity subject to this type of compliance requirement. Auditors should determine the compliance requirements applicable to the program. The auditor is responsible for reviewing applicable laws, regulations, contract and grant agreements, notifications from awarding agencies and any other applicable documentation in order to determine compliance requirements which could have a direct and material effect on major programs.

## **Core Areas to be monitored**

The OMB Circular A-133 specifies fourteen (14) areas of compliance monitoring. North Carolina has an additional requirement that policies prohibiting conflict of interest be reviewed for non-profit subrecipients. Depending on the program and type of funding, all 14 core areas may not be applicable to the funding source.

The core areas of compliance monitoring involve fiscal monitoring (i.e., review of financial statements and audit findings and internal control questionnaires) and program monitoring (i.e., determination of whether the eligibility criteria were met or review of the scope of work to see if the objectives of the contract have been met). Following is a brief description of each of the core areas:\*

A/1: Activities Allowed or Unallowed: This requirement refers to specific activities identified in the grant agreement, contract, allocation, letters, policy manuals and state or federal regulations that are allowed or that may be unallowed. The purpose of this requirement to provide reasonable assurance that State and Federal funds are used for the intended purposes.

B/2: Allowable Costs/Cost Principles: This requirement seeks to assure that the costs paid to the contractor are reasonable and necessary for the operation and administration of the program and that the subrecipient uses an acceptable method of allocating costs, including indirect costs.

C/3: Cash Management: This requirement is only applicable if the contractor receives an advance of funds from NCDSS of more than 60 days from when the funds would ordinarily be disbursed. In accordance with the DHHS Cash Management Policy, the Controller's Office is responsible for reviewing the cash needs of subrecipients that receive advances every three months to determine whether or not the advance represents more than a 60-day cash requirement.

D: Davis-Bacon Act: This requirement is not applicable to DHHS subrecipients. It is a federal law that applies to contractors with contracts for more than \$2,000 financed by federal dollars where laborers and mechanics are employed.

E/5: Eligibility: This requirement ensures that only those individuals and organizations that meet the eligibility requirements for receiving services or financial assistance from the program participate in the program. The eligibility requirement for an individual diagnosis, risk factors, medical necessity criteria, income, etc. Similarly, an organization may qualify to participate in a program based on the extent to which the type of program and the mission of the organization are consistent with the requirements of the funding source.

F/6: Equipment and Real Property Management: This requirement refers to tangible property that has a useful life of more than one year and costs more than \$5,000. Such equipment may only be purchased per the conditions of the approved contract or grant agreement.

G/7: Matching, Level of Effort, Earmarking: These requirements are specifically addressed in the grant documents, allocation letters, contracts and state or federal regulations.

Matching refers to the specific amount or percentage of funds the subrecipient is required to match the state or federal grant. The matching portion must be verifiable in the accounting records, incurred during the period of the award, must not be used to meet the match of another program, allowable under cost principles and derived from non-federal or non-state funds unless specifically authorized.

Level of Effort refers to the specific level of service that must be provided (e.g., the number of clients the subrecipient must serve) or a specified level of service (e.g., maintenance of effort) or the requirement that federal or state funds may only be used to supplement the non-state or non-federal funding of the service.

Earmarking refers to the requirement that an amount or percentage of a program's funding must be used for specific activities.

H/8: Period of Availability of Federal Funds: This requirement refers to the time period authorized for state and federal funds to be expended. State funds are authorized for the fiscal year (July 1 – June 30); however, NCDSS may allow a subrecipient to carry forward unexpended funds into the next fiscal year. Most federal funds allow additional time after the end of the grant period for obligations incurred during the grant period to be paid.

I/9: Procurement and Suspension and Debarment: This requirement assures that the subrecipient follows the state and federal policies and procedures for procurement, that the subrecipient has not been suspended or disbarred from receiving funding from the state or federal government, and that the subrecipient does not use federal funds to purchase goods or services costing more than \$100,000 from a vendor that has been disbarred by the federal or state government..

J/10: Program Income: The purpose of this requirement is to assure that program income is being used appropriately. This requirement refers to the gross income received by the subrecipient on activities, services or goods purchased with state or federal funds. Program income may be used to provide matching funds when approved by the state or federal agency.

K/11: Real Property Acquisition and Relocation Assistance: This requirement does not apply to DHHS.

L/12: Reporting: Contract administrators are required to monitor the financial, performance and special reporting of the subrecipient in order to provide assurance that funds are being managed efficiently and effectively to accomplish the objectives of the program as specified in the compliance supplement, applicable laws and regulations, and contract or grant agreements.

M/13: Subrecipient Monitoring: Contract administrators are required to provide assurance that any NCDSS subrecipient that subcontracts with another agency monitors the agency with which the subrecipient subcontracts as specified in the compliance supplement for the funding source.

N/14: Special Tests and Provisions: Contract administrators must provide assurance that all special requirements found in the laws, regulations, or the provisions of the contract or grant agreement are monitored appropriately. Such special tests and provisions may relate to fiscal and/or programmatic requirements or may include actions that were agreed to as part of the audit resolution of prior audit findings or in corrective action plans identified as a result of monitoring reviews.

15: Conflict of Interest: This requirement applies to any private, non-profit entity eligible to receive state funds, either by General Assembly appropriation, or by grant, loan or other allocation from a State agency (S.L. 1993-321, Section 16 of the Appropriations Act). An agency official is required to sign a notarized copy of the policy before a contract is executed. Copies of the organization's attestation to the Conflict of Interest Policy is kept by the Contract Management & Development Team in the organization's file. The Division's Conflict of Interest Policy for Private Not-for Profit Agencies can be found in Attachment D.

The applicable compliance requirements for a funding source are outlined in the compliance supplement for the specific federal or state program. In cases where a program is funded by multiple funding sources, the funding source with the most stringent requirements would be the criteria used to monitor the program. The compliance supplement identifies those core areas which at a minimum must be monitored. Monitors are not precluded from looking at additional areas as long as the minimum core areas are also examined. (See Attachment E for an overview of compliance requirements for each program for which NCDSS is the pass-through entity). Monitoring the compliance requirements helps to fulfill part of the intent of the Federal Financial Assistance Management Improvement Act of 1999 (i.e., to improve the effectiveness and performance of federal financial assistance programs).

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\*Note: With the exception of the Davis-Bacon Act (D) and the Conflict of Interest (15) requirement, the federal and state requirements are the same. The alphabetic code denotes how the federal requirement is referenced. The numeric code is the corresponding state code for that core area.

## Monitoring Staff

In the Family Support and Child Welfare Services (FSCWS) section, five full time positions (Program Compliance Monitors) have been identified to conduct the monitoring for the majority of child welfare programs. In addition to the Program Compliance Monitors, there are Program Coordinators within the Family Support and Child Welfare Services section conducting the monitoring for their specific program area. A third position (Office Assistance V) has been added to support the maintenance of the information in the DHHS monitoring database. The additional monitoring position was provided by the General Assembly in the 2007-2008 fiscal year budge.

FSCWS Staff Performing Subrecipient Monitoring and Related Support Activities are identified below:

Lead Monitoring Coordinator	
Staff Person	Area of Responsibility
Lee O. Quick	Family Services/Child Welfare Services Work First Child Support Enforcement
Lead Monitors	
Beverly Daniel	Family Support/Child Welfare Services Work First
Marina Chatoo	Family Preservation and Support
Contract Administrators	
Staff Person	Area of Responsibility
Marina Chatoo	After School Programs for At Risk Students
Marina Chatoo	Family Violence Prevention
Sue Bell	Promoting Safe and Stable Families
Gail McClain	Child Welfare Collaborative
Program Compliance Monitors	
Staff Person	Area of Responsibility
Deborah Jones	Adoption, Child Protective Services CPS, Foster Care Services,
Gloria Duncan	Adoption, Child Protective Services CPS, Foster Care Services,
Barbara Strickland	Work First
Denise Knight	Work First
Tina Bumgarner	State Maternity Homes
Tamika Williams	Special Children Adoption Incentive Fund
Amelia Lance	Adoption/Special Children Adoption Fund
Support Staff	
Staff Person	Area of Responsibility
Pam Johnson	Family Services/Child Welfare Services Work First

### Children's Services Program Representatives (CPRs)

<b>Janet Thursby</b>	<b>Joy Gossett</b>	<b>Vacant (temporary assignments)</b>	<b>Susan Moss</b>
Bertie	Catawba	Anson -Susan Moss.	Bladen
Camden	Cherokee	Cabarrus- Roslyn Thompson	Brunswick
Chowan	Clay	Gaston-Joy Gossett	Columbus
Currituck	Graham	Iredell-Roslyn Thompson	Cumberland
Dare	Haywood	Lincoln-Keith Davis	Duplin
Gates	Henderson	Meck- Keith Davis	Hoke
Hertford	Jackson	Montgomery-Susan Sanderson	Moore
Martin	Macon	Richmond-Jeff Olson	New Hanover
Pasquotank	Madison	Rowan-Sherita Wright	Pender
Perquimans	Polk	Stanly-Susan Sanderson	Robeson
Tyrell	Swain	Union-Susan Moss	Sampson
Vance	Transylvania		Scotland
Washington	Watauga		
<b>Jeffrey Olson</b>	<b>Roslyn Thompson</b>	<b>Gale Trevathan</b>	<b>Joyce White</b>
Beaufort	Alexander	Chatham	Alamance
Carteret	Allegany	Durham	Caswell
Craven	Ashe	Franklin	Davidson
Edgecombe	Avery	Granville	Davie
Greene	Buncombe	Halifax	Forsyth
Hyde	Burke	Harnett	Orange
Jones	Caldwell	Johnston	Person
Lenoir	Cleveland	Lee	Randolph
Onslow	McDowell	Nash	Rockingham
Pamlico	Mitchell	Northampton	Stokes
Pitt	Rutherford	Wake	Surry
Wayne	Wilkes	Warren	Yadkin
	Yancey	Wilson	Guilford

### Work First Program Representatives (WFRs)

<b>Sybil Wheeler</b>	<b>Carol McConnell</b>	<b>Wendy Dorsey</b>	<b>Emily Wilkins</b>
Buncombe	Alexander	Anson	Alamance
Cherokee	Alleghany	Cabarrus	Caswell
Clay	Ashe	Catawba	Davidson
Graham	Avery	Gaston	Davie
Haywood	Burke	Iredell	Forsyth
Henderson	Caldwell	Lincoln	Guilford
Jackson	Cleveland	Mecklenburg	Orange
Macon	McDowell	Montgomery	Person
Madison	Mitchell	Richmond	Randolph
Polk	Rutherford	Rowan	Rockingham
Swain	Watauga	Stanly	Stokes
Transylvania	Wilkes	Union	Surry
	Yancey		Yadkin
<b>Carl Breazeale</b>	<b>Diane Chavis</b>	<b>Debra Jewell</b>	<b>Tony Amos</b>
Chatham	Bladen	Bertie	Beaufort
Durham	Brunswick	Camden	Carteret
Franklin	Columbus	Chowan	Craven
Granville	Cumberland	Currituck	Dare
Halifax	Duplin	Edgecombe	Greene
Harnett	Hoke	Gates	Hyde
Johnston	Moore	Hertford	Jones
Lee	New Hanover	Martin	Lenoir
Nash	Pender	Northampton	Onslow
Vance	Robeson	Pasquotank	Pamlico
Wake	Sampson	Perquimans	Pitt
Warren	Scotland	Tyrrell	Wayne
Wilson		Washington	

## **Monitoring Tools**

Standardized monitoring tools and instructions have been developed to monitor the above mentioned program areas. The monitoring tools currently in use are based on applicable laws and regulations that govern the program being monitored. With a yearly review of the monitoring plan, the Work First Program, and the Work First State Plan, the monitoring tools currently being used by the Work First Program Compliance Monitors may be updated as the need occurs. The specific monitoring tools and instructions currently in use are attached to this document.

## **Monitoring Schedule**

Each monitor will schedule monitoring activities for the counties that fall in their assigned area. The monitoring activity may take the form of site visits, desk audits, case record reviews, review of sub-recipient reports, and other methods as determined. County DSS agencies will be notified prior to their review.

The Child Welfare Program Compliance Monitors are responsible for monitoring IV-E eligibility determination and re-determination for IV-E maintenance payments. The Children's Program Representatives and the Child and Family Services Reviewers capture the program compliance issues for CPS Intake and Assessments and some areas related to In Home Services, Foster Care and Adoptions. Although the Child and Family Services Reviews are conducted on a biennial schedule, the Children's Program Representatives are routinely scheduling site visits in each county to monitor program compliance and follow up on any findings from previous reviews. The Children's Program Representatives and CFSR reviewers will continue to provide the monitoring of these program areas. The Child Welfare Program Compliance Monitors also monitor child welfare services funded with SSBG, IV-E Adoption Assistance and At Risk Case Management.

The Work First Compliance Monitors have divided the number of counties across the state by two keeping the Work First Representative regions intact. The Work First Monitors will keep the same Work First Representative region for a period of three years before switching regions with the other Work First monitor. Each county in a Work First representative region will be monitored by site visits at least once in a three year period. The eight largest counties in North Carolina by program size; Cumberland, Durham, Forsyth, Gaston, Guilford, Mecklenburg, Robeson, and Wake, will be monitored by site visits each year. Every second and third year a county from a previous year's site visit categorized as medium or high risk will be monitored with a site visit a second or third time in that three year period.

The Child Welfare Program Compliance Monitors keep the same assigned counties for two years before switching. On-site monitoring will be conducted as follows: All 100 counties annually for IV-E Foster Care, and thirty four counties will be monitored annually for SSBG and IV-E Adoption Assistance. Please note that the At Risk Case Management Monitoring is addressed separately in this plan. Annual review of self-assessment reports and summaries provided by the counties and LBLs will be performed by the Program Compliance Monitor for all services.



## Sample Size

County Departments of Social Services (government subrecipients) are divided into three levels. These levels are fairly standardized across the Division of Social Services, have been in place for a number of years, and are used by other Sections in the Division for monitoring and reporting purposes. The list of counties has been updated for Work First monitoring to include in the level III group both Gaston County and Robeson County based on the size of their Work First Program. Consequently Buncombe County and New Hanover County have been placed in level II based on the size of their Work First Program. The county levels for the 100 DSS subrecipients are included with this monitoring plan.

LEVEL I COUNTIES	LEVEL II COUNTIES	LEVEL III COUNTIES
Child Welfare 5 Cases	Child Welfare 5 Cases	Child Welfare 8 Cases
Work First 10 Cases	Work First 15 Cases	Work First 20 Cases

With the passage of the Personnel Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) and the advent of welfare reform at the federal level, dramatic changes occurred in the national welfare system. Temporary Assistance to Needy Families (TANF), the federal block grant designed to turn the old welfare system into a program of temporary assistance by moving recipients into work and away from dependency, has drastically reduced case load sizes in all of North Carolina's 100 counties.

Monitoring of the Work First program and eligibility determination and re-determination of monthly benefit payments has been ongoing by Work First Representatives since before the appointment of Work First monitors in SFY 03-4. The protocol called for the monitoring of all 100 counties each year with a review of at least 10, 15 or 20 cases per county size once a year. Monitoring occurred for both Work First Cash Assistance and Work First 200% Services benefits. These cases were selected randomly from the Data Warehouse system and the cases reviewed varied as per the size of the county. In addition to this formal monitoring process, the Work First Representatives (WFR) routinely pull records from their assigned counties during scheduled site visits and assess the county's eligibility determination process.

In January of 2005, the Work First monitors added a new dimension to the Work First monitoring process by developing a tool and procedures for monitoring Work First Cash Assistance cases in which a IV-D Non-Coop sanction had been requested by the Child Support agency in that county. The number of cases pulled for IV-D Non Coop Sanction monitoring would be determined by the number of cases reported on the DHREJA Work First Cases without at IV-D Sanction report along with the county size with at least 10, 15, or 20 cases pulled for each visit.

In order to determine compliance with the federal mandate to sanction individuals identified as "non cooperation" with the local child support office, the Work First Program Compliance Monitors will select a number of cases determined by county level from the IV-D NON COOP WITHOUT A IVD SANCTION report for the month of monitoring. If fewer cases are available

on the IVD NON COOP WITHOUT A IVD SANCTION report than county levels indicate, the PCM will select all cases on the report up to the county level for monitoring.

With the start of the 2007-2008 SFY, the Work First Monitors will again expand the Work First Monitoring process to include the monitoring of Employment Services records for Work Verification Compliance. The number of Work First Employment Services records to be monitored will be equal to the number of cash assistance cases pulled in each county.

With the Work First Compliance Monitoring expanding to double its original scope and size, the number of counties required to have site visits each year has been reduced. As stated above, the Work First Compliance Monitors will still divide the state in half based on the Work First Representatives assigned regions. One monitor will be responsible for the odd number regions (region 1, 3, 5, and 7) and the other monitor will be responsible for the even numbered regions (regions 2, 4, 6, and 8). Each monitor will keep their representative regions intact throughout the three year monitoring process. Charts with regions identified by Work First Representatives and Children's Programs Representative are attached to this plan.

Monitoring of IV-E eligibility determination and re-determination of IV-E foster care maintenance payments has been ongoing since SFY 00-01. The protocol, which has been accepted by the State Auditor's Office, calls for a review of at least 5 cases per county once a year. These cases are selected randomly from the Child Placement and Payment System, and cases reviewed per county vary as per the size of the county. In addition to this formal monitoring process, the Children's Programs Representatives (CPR) routinely pull records from their assigned counties during scheduled site visits and assess the county's eligibility determination process.

In all categories, an over sample should be drawn in order to have potential substitutes in the event that a case pulled for monitoring is found not applicable. Other programs that are not direct services or maintenance payments will have samples determined by the management and staff of the Family Support and Child Welfare Section based on the terms of those programs.

## **Process of Review & Corrective Action**

Counties will be notified via letter in advance of the sample of cases that they must pull for the review. They will be instructed to pull all verifications necessary to confirm compliance with the funding criteria and the program being monitored. Site visits are preferable in order to facilitate a partnership with the county staff and generate discussion regarding the process, expectations, and potential outcomes of the monitoring.

The Child Welfare Monitors will send a notification letter to the county within 30 calendar days of the onsite review informing them of the date of the onsite review, cases selected for review, and the period under review. The period under review is determined to be the six month period preceding the 3 months prior to the onsite review. This means if a review is scheduled for June 2007, the review period would be September 2006-March 2007. Should the date of a county's onsite monitoring change for any reason, the period under review will also change to comply with the process for determining the period under review. A report of the findings from the

onsite reviews will be submitted to the county DSS, Children's Programs Representative (CPR), and their supervisors, Local Business Liaison (LBL) and Lead Monitor within 30 calendar days following the on-site review.

The Program Compliance Monitor (PCM), will review necessary documents and conduct any necessary interviews with subrecipient staff, in order to complete the appropriate standardized review instrument according to instructions provided. The results of the monitoring process will be documented in a written report for the subrecipient that identifies all strengths that were noted and any areas needing improvement or out of compliance for the particular funding source and program area. These written reports will be provided to the subrecipient (county DSS) within 30 calendar days of the monitoring activity and will include any instructions required for corrective action such as county responsible overpayments (CROPS) and/or instructions to follow in order to file an appeal of the monitoring results. If a non-compliance issue is found, the county will develop a Program Improvement Plan within 30 calendar days of the date of the letter/notice of results and forward that plan to both the Program Compliance Monitor responsible for the monitoring of that county as well as that county's Children's Program Representative or the Work First Representative. The CPR or WFR will work with the county to alleviate the areas of non-compliance through the development of a Program Improvement Plan which will be forwarded to the Child Welfare or Work First Program Compliance Monitor. Final closure to the monitoring process is provided when corrective action has been completed and the CPR or WFR provides documentation to the respective Program Compliance Monitor confirming the steps and/or action taken by the counties to complete the requirements in the Program Improvement Plan. The county DSS is allowed to request an appeal within 30 calendar days from the date of the letter or written report to the county with the results of the onsite monitoring process.

In the case of substantial non-compliance, the subrecipient will move into a "high" risk category (after the initial baseline) and will be reviewed at least yearly in the case of county DSS agencies and at least quarterly in the case of contract providers, until compliance is evident. Sample sizes may also be adjusted for counties that are not found in substantial compliance. The WFR or CPR will work closely with the county to resolve any finding and document their efforts and the completion of the county's' Program Improvement Plan and submit the Program Improvement Plan and documentation confirming how the corrective action in the plan was completed to the respective Program Compliance Monitor in their quarterly report to the Division.

In the case of substantial non-compliance, the subrecipient county may move into a "high risk" category and sample sizes may be adjusted. Sample sizes may also be adjusted for counties that are not found in substantial compliance.

In the cases of a County Responsible Overpayment, a Program Improvement Plan, or an Appeal of the County Monitoring Results, a follow-up letter should be submitted by the county to the Program Compliance Monitor within 30 calendar days of the date of written notification from the Division detailing the action taken by the county.

In May 2006, the North Carolina Department of Health and Human Services, Division of Social Services implemented a protocol for recouping County Responsible Overpayments for applicable

cases found to be ineligible for IV-E funding during the Child Welfare Program monitoring process. This process was revised again in the fall of 2006 and is as follows:

- 1) The Child Welfare Program Compliance Monitors completing the onsite monitoring process will be responsible for sharing monitoring results with the County Department of Social Services, the assigned Children's Programs Representative (CPR) and their supervisors and the Local Business Liaison (LBL) after completing the on-site monitoring process. The monitoring results should be shared with the assigned CPR, LBL and the Financial Resource Coordinator at the same time the County Department of Social Services receive their findings.
- 2) Immediately following the receipt of the county monitoring results, the county's CPR will conduct follow-up with the county and request feedback from the county regarding the on-site monitoring process and the identified error cases, if any. The county should advise the CPR on the county's plan for appeal, if any. However, when the county's intent is to appeal, the CPR will remind the county that a formal appeal must be sent (within 30 calendar days of the date of the letter/notice of results) to the Assistant Section Chief (Kevin Kelley). The CPR will also notify the Financial Resource Coordinator and the LBL of the county's intent to file an appeal. When IV-E Foster Care, SSBG error cases are appealed and received by the Local Support Operation Team Leader, adjustments will be delayed pending a ruling on the county's appeal. Once determined, the results of the appeal will be sent to the county, the Financial Resource Coordinator, CPR, LBL, Compliance Monitors and their supervisors. Adjustments will be determined within 30 days after the appeal decision.
- 3) When a county indicates it does not intend to appeal, within 30 calendar days of receipt of the letter from the Child Welfare Compliance Monitor regarding the on-site monitoring results, the amount of the County Responsible Overpayments for Maintenance (board) and Admin Costs (per 1571) , if any, must be determined. In determining the amount of overpayment, the entire period of ineligibility must be included in the calculations, not just the period under monitoring review. This applies even if the period of ineligibility crosses into a previous state fiscal year. Any federal funds disbursed for an ineligible or otherwise un-reimbursable child must be recouped.
- 4) When IV-E Foster Care, SSBG error cases are discovered, the Financial Resource Coordinator will calculate the IV-E Maintenance overpayment, if applicable. A notification of the actual adjustment amounts will be shared with the county's CPR and LBL. Final adjustments will be posted following the thirty day period for appeal.
- 5) The Financial Resource Coordinator will make the adjustment and notify the DHHS Controller Office to deduct the payment and post the corrections to the Child Placement and Payment System. Final Adjustment copies will be forwarded to the county and the Child Welfare Compliance Monitor.

- 6) When an IV-E/SSBG error case is discovered, the county's fiscal staff along with their LBL will calculate the estimated IV-E/SSBG Administrative overpayment, if applicable. The county's 1571 adjustment forms showing that the adjustment was made will be sent to the Child Welfare Program Compliance Monitor and a copy to the Financial Resource Coordinator on all administrative errors. If an adjustment crosses into a previous fiscal year, the adjustment must be reported to the Controller's Office as required in the Fiscal Manual.
- 7) The CPR will assist the county with any corrective action related to policy clarification or training issues noted during the onsite monitoring process.
- 8) The county's CPR will complete a brief and concise Program Improvement Plan (via email) including corrective action taken following the on-site review and forward this Program Improvement Plan to the Program Compliance Monitor and supervisor to be filed in the county's record maintained by the Compliance Monitor for audit purposes. The Program Compliance Monitor is also responsible for the maintenance of monitoring documentation and entering all pertinent information into the DHHS Program Monitoring Database.

In October of 2007, the Division implemented a protocol for recouping County Responsible Overpayments for applicable Adoption Assistance error cases. This protocol addresses County Error Cases and Client Error Cases and is as follows:

- 1) For County Error Cases, the county should notify the Controller's Office in writing with the client's name, SIS Identification number, a month by month breakdown of the overpayment and the name of a county contact person. The Controller's Office will then determine and process the CROP (County Responsible Overpayment). The county will notify their CPR when this process is completed. The CPR will then forward a written report to the monitor of the completed process for the monitor to place in the county's monitoring file.
- 2) For Client Error Cases, the county will establish a repayment agreement with the client and deposit money collected from the client each month into the county's checking account. The county will then write a check to the Controller's Office. A completed DSS 1656 refund receipt form should also be submitted with the check.

Both of the above actions will post to the PQA 045, which is the Adoption Assistance Adjustment Register.

The North Carolina Department of Health and Human Services, Division of Social Services also implemented in October of 2007 a protocol for recouping County Responsible Overpayments for applicable cases found to be ineligible for IV-A funding during the Work First Program monitoring process. This process is as follows:

- 1) The Work First Program Compliance Monitors completing the onsite monitoring process will be responsible for sharing monitoring results with the County Department of Social Services and the assigned Work First Representative (WFR) after completing the on-site monitoring process. The monitoring results should be shared with the assigned WFR and their supervisors, at the same time the County Department of Social Services receives their findings.
- 2) Immediately following the receipt of the county monitoring results, the county's WFR will conduct follow-up with the county and request feedback from the county regarding the on-site monitoring process and the identified error cases, if any. The county should advise the WFR on the county's plan for appeal, if any. However, when the county's intent is to appeal, the WFR will remind the county that a formal appeal must be sent (within 30 days of the date of the letter/notice of results) to the Assistant Section Chief, Local Support Operations Kevin Kelley. Once determined, the results of the appeal will be sent to the county, the WFR, and the Compliance Monitor and her supervisor. The county will determine the amount of the county responsible overpayment (CROP), if the monitoring decision is upheld, within 30 days of the date of the appeal decision letter.. For each CROP, the county must include the EPICS referral number, overpayment period, amount of overpayment, entry and closure dates. The county will work in conjunction with their WFR to provide a Program Improvement Plan that addresses each error element and action taken to prevent reoccurrence and submit it to the Work First Program Compliance Monitor within 30 calendar days of the county's monitoring results letter. If the appeal decision agrees in favor of the county, no follow-up will be necessary by the county.
- 3) When a county indicates it does not intend to appeal, within 30 days of receipt of the results letter from the Work First Compliance Monitor regarding the on-site monitoring, the amount of the CROP(s), if any, must be determined. In determining the amount of overpayment, the entire period of ineligibility must be included in the calculations, not just the period under monitoring review. This applies even if the period of ineligibility crosses into a previous state fiscal year. For each CROP, the county must include the EPICS referral number, overpayment period, amount of overpayment, entry and closure dates. The county will work in conjunction with their WFR to provide a program improvement plan that addresses each error element and action taken to prevent reoccurrence and submit it to the Work First Program Compliance Monitor within the 30 day period following receipt of the county's monitoring results letter.
- 4) When 200% Services and Employment error cases are discovered, the determination of county responsible overpayments does not apply. The county will work in conjunction with their WFR to provide a Program Improvement Plan that addresses each error element and action taken to prevent reoccurrence and submit it to the Work First compliance monitor within 30 calendar days of the date of the county's monitoring results letter.
- 5) The WFR will assist the county with any program improvement related to policy clarification or training issues noted during the onsite monitoring process.

- 6) The county's WFR will forward the county's Program Improvement Plan on all steps taken following the on-site monitoring to the Work First Compliance Monitor and supervisor to be filed in the county's record maintained by the Compliance Monitor for audit purposes. Work First Compliance Monitors are also responsible for the maintenance of monitoring documentation and entering all pertinent information into the DHHS Program Monitoring Database.

Findings from the Single Audit are received by the FS&CWS assistant section chief from James Clark, LBL Supervisor. Findings from the auditors' review of the monitoring activities are sent directly to the FS&CWS assistant section chief. In both of these instances, the assistant section chief reviews the findings in light of the program operations and roles and responsibilities of staff within the section.

Follow up for county action steps within the CAP is the responsibility of the program representative for that county. The program rep will often be involved in the state response, as many of these steps center around training and technical assistance to the county in the specific program rules of operation.

The assistant section chief will collect the documentation from the program representatives and their supervisor. This documentation will be used to formulate the division response that the finding has been fully addressed. This documentation will be sent to the internal auditor when the prior year audit findings are requested.

Findings and responses are entered into the Program Monitoring Database.

## **Risk Assessment for Subrecipients**

Subrecipients will be categorized as low, medium, or high risk based on results from:

- The data collected from previous monitoring activities
- Findings from the single county audit
- Findings and follow-up from any previous deficiencies and/or corrective action or Program Improvement Plans
- Complexity of the program and/or eligibility criteria
- Analysis of relevant evaluation data
- Prior experience with the subrecipient by Division staff (CPR's, LBL's, Section consultants, contract administrators, etc.)
- Past experience with paybacks
- Evaluation of the "Subrecipient Self-Assessment of Internal Controls and Risks" completed annually by county Departments of Social Services
- Any other self assessment provided by the county or contract provider
- Any other relevant factors identified by the PCR

Based on the determination of risk, a schedule will be developed for more comprehensive monitoring for subrecipients determined to be high-risk while they remain high-risk. Increased frequency of on-site monitoring visits or desk reviews, corrective action plans and progress reports, and/or expanded sample sizes will be used to conduct more comprehensive monitoring for high-risk subrecipients. Low and medium risk subrecipients will be monitored at least once every three years according to an established schedule once baseline data is collected, unless other requirements for frequency take precedence.

Subrecipients will be notified in writing by the PCR regarding the status of risk of their programs following the procedures outlined in Part I., Sections A. and B. of the Division of Social Services Monitoring Plan.

### **Maintenance of Monitoring Documentation**

Monitoring tools, relevant verification information, compliance findings, corrective action plans, initial and follow-up correspondence will be maintained in the Family Support and Child Welfare Section, Albemarle Building, 325 N. Salisbury Street, Raleigh, NC. Once the formal report of results from the monitoring are officially released, all case specific documents copied from county records will be shredded. Otherwise, records will be maintained according to the North Carolina Records Retention Policy. Compliance Monitors are responsible for the maintenance of monitoring documentation and entering all pertinent information into the DHHS Program Monitoring Database. Monitoring data is periodically entered into the data base after all county appeals are resolved. The year end report is completed after all county monitoring documentation has been entered in the data base after the close of the fiscal year.



**Program Compliance Monitor (PCM) County Assignments**  
**SFY 2007-2008**

PCM Supervisor: Beverly Daniel  
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 Phone: 919-715-0024  
[Beverly.Daniel@ncmail.net](mailto:Beverly.Daniel@ncmail.net)

Gloria Duncan Phone: 910-610-4272 Fax: 910-277-7697 <a href="mailto:Gloria.Duncan@ncmail.net">Gloria.Duncan@ncmail.net</a>		Deborah M Jones Phone: 919-553-2387 Fax: 919-553-2387 <a href="mailto:Deborah.M.Jones@ncmail.net">Deborah.M.Jones@ncmail.net</a>	
ALAMANCE	JOHNSTON	ALEXANDER	LINCOLN
BEAUFORT	JONES	ALLEGHANY	MACON
BERTIE	LEE	ANSON	MADISON
BLADEN	LENOIR	ASHE	MCDOWELL
BRUNSWICK	MARTIN	AVERY	MECKLENBURG
CAMDEN	NASH	BUNCOMBE	MITCHELL
CARTERET	NEW HANOVER	BURKE	MONTGOMERY
CHOWN	NORTHAMPTON	CABARRUS	MOORE
COLUMBUS	ONSLOW	CALDWELL	POLK
CRAVEN	ORANGE	CASWELL	RANDOLPH
CUMBERLAND	PAMLICO	CATAWBA	RICHMOND
CURRITUCK	PASQUOTANK	CHATHAM	ROCKINGHAM
DARE	PENDER	CHEROKEE	ROWAN
DUPLIN	PERQUIMANS	CLAY	RUTHERFORD
DURHAM	PERSON	CLEVELAND	SCOTLAND
EDGECOMBE	PITT	DAVIDSON	STANLY
FRANKLIN	ROBESON	DAVIE	STOKES
GATES	SAMPSON	FORSYTH	SURRY
GRANVILLE	TYRRELL	GASTON	SWAIN
GREENE	VANCE	GRAHAM	TRANSYLVANIA
HALIFAX	WAKE	GUILFORD	UNION
HARNETT	WARREN	HAYWOOD	WATAUGA
HERTFORD	WASHINGTON	HENDERSON	WILKES
HOKE	WAYNE	IREDELL	YADKIN
HYDE	WILSON	JACKSON	YANCEY

Denise Knight Phone: 919-754-3889 Fax: 919-715-0024 <a href="mailto:Denise.Knight@ncmail.net">Denise.Knight@ncmail.net</a>		Barbara Strickland Phone: 252-443-7831 Fax: <a href="mailto:Barbara.Strickland@ncmail.net">Barbara.Strickland@ncmail.net</a>	
ANSON	JOHNSTON	ALAMANCE	JONES
BERTIE	LEE	ALEXANDER	LENOIR
BUNCOMBE	LINCOLN	ALLEGHANY	MCDOWELL
CABARRUS	MACON	ASHE	MITCHELL
CAMDEN	MADISON	AVERY	MOORE
CATAWBA	MARTIN	BEAUFORT	NEW HANOVER
CHATHAM	MECKLENBURG	BLADEN	ORANGE
CHEROKEE	MONTGOMERY	BRUNSWICK	ONslow
CHOWAN	NASH	BURKE	PAMILCO
CLAY	NORTHAMPTON	CALDWELL	PENDER
CURRITUCK	PASQUOTANK	CARTERET	PERSON
DURHAM	PERQUIMANS	CASWELL	PITT
EDGECOMBE	POLK	CLEVELAND	RANDOLPH
FRANKLIN	RICHMOND	COLUMBUS	ROBESON
GASTON	ROWAN	CRAVEN	ROCKINGHAM
GATES	STANLY	CUMBERLAND	RUTHERFORD
GAM	SWAIN	DARE	SAMPSON
GRANVILLE	TRANSYLVANIA	DAVIDSON	SCOTLAND
HALIFAX	TYRRELL	DAVIE	STOKES
HARNETT	UNION	DUPLIN	SURRY
HAYWOOD	VANCE	FORSYTH	WATAUGA
HERTFORD	WAKE	GREENE	WAYNE
HENDERSON	WARREN	GUILFORD	WILKES
IREDELL	WASHINGTON	HOKE	YADKIN
JACKSON	WILSON	HYDE	YANCEY

**SOCIAL SERVICES BLOCK GRANT  
PROGRAM COMPLIANCE MONITORING TOOL**

SSBG ELIGIBLE: YES \_\_\_\_\_ NO \_\_\_\_\_

ALLOWABLE CLAIMS: YES \_\_\_\_\_ NO \_\_\_\_\_

COUNTY \_\_\_\_\_  
CODE \_\_\_\_\_

SVC/PROG \_\_\_\_\_

DATE COMPLETED \_\_\_\_\_

PUR \_\_\_\_\_

RECORD ID \_\_\_\_\_  
NAME \_\_\_\_\_SAMPLE# \_\_\_\_\_  
DOB: \_\_\_\_\_

PCM \_\_\_\_\_

	Applicable	Available Points	Points Earned
<b>I. APPLICATION FOR SERVICES</b>			
<b>A.</b> DSS-5027 or another approved equivalent is in the record		0 - 1 - 2	
1. Name of specific service(s) requested/needed is listed		0 - 1 - 2	
2. Service Request Dated		0 - 2	
3. Signed and dated by client or representative (unless exempt)		0 - 2	
4. Signature witnessed- if signed with (X)		0 - 1 - 2	
5. Client is informed regarding confidentiality of notice and asked how notice should be conveyed		0 - 1 - 2	
6. Income is determined and documented if service is provided based on income		0 - 1 - 2	
<b>II. ELIGIBILITY CRITERIA FOR SERVICES</b>			
<b>A.</b> Service(s) is available in this county without regard to income			
1. Documentation indicates client is in need of the service(s)		0 - 1 - 2	
2. Client meets specific eligibility criteria (target population) for service(s)		0 - 1 - 2	
<b>B.</b> Service(s) is available based on income eligibility (transportation only)			
1. Documentation indicates client needs the service(s)		0 - 1 - 2	
2. Documentation indicates whether client meets income guidelines		0 - 1 - 2	
<b>III. DECISION ON ELIGIBILITY FOR SERVICES</b>			
<b>A.</b> Made within 30 calendar days of date the application was made/received or the applicant failed to cooperate with the agency		0 - 2	
<b>B.</b> Decision is consistent with eligibility criteria for the service(s)		0 - 2	
<b>C.</b> For income eligible service, the eligibility period is documented		0 - 1 - 2	
<b>D.</b> Purchase of service, if applicable, is completed and correct on the DSS-5027		0 - 1 - 2	
<b>E.</b> Effective date for decision is documented		0 - 1 - 2	
<b>F.</b> Social Worker signed and dated DSS-5027		0 - 1 - 2	
<b>G.</b> Notice is mailed/given to client (except when exempt) within 15 calendar days after the decision, or within 30 calendar days of the application, whichever comes first		0 - 1 - 2	
<b>H.</b> If denied, reason for denial is based on policy and clearly stated on the notice		0 - 1 - 2	

<b>IV. ADDITIONAL SERVICE(S) REQUESTED OR NEEDED –after initial application</b>			
A. Additional service(s) is added to specific service(s) requested on DSS-5027		0 - 1 - 2	
B. Eligibility for this specific service(s) is documented		0 - 1 - 2	
C. Decision on eligibility is made and notice is mailed/given to client (except when exempt) within 15 calendar days after the new request is made or received		0 - 1 - 2	
<b>V. PROMPT SERVICE PROVISION</b>			
A. Service is provided within 15 calendar days of date notice of eligibility was sent/given (unless documentation states client was placed on waiting list)		0 - 1 - 2	
B. For service(s) added after the initial application, service is provided within 30 calendar days of the new request		0 - 1 - 2	
C. Contacts are accurately documented on the DSS-4263 and consistent with services authorized on the DSS-5027		0 - 1 - 2	
<b>VI. ONGOING SERVICE PROVISION AND REDETERMINATIONS</b>			
A. Ongoing eligibility related to need, target population, or income is reviewed and documented quarterly		0 - 1 - 2	
B. Eligibility is reviewed within 30 days of a reported change in the client's circumstances (need or income)		0 - 2	
C. Redetermination of service eligibility is done annually and for income based services prior to the expiration of the eligibility period		0 - 1 - 2	
<b>VII. SERVICES THAT ARE SUBJECT TO COST SHARING</b>			
A. Client has received a copy of the agency percentage cost sharing schedule		0 - 1 - 2	
B. Copy of the Service Cost Sharing Form is in the record and addresses:		0 - 2	
1. Purpose of cost sharing		0 - 2	
2. List of services received		0 - 1 - 2	
3. Total cost of the service		0 - 1 - 2	
4. Agency's procedures for requesting cost sharing		0 - 2	
5. Contact person for questions regarding cost sharing		0 - 1 - 2	
6. A statement indicating that service(s) will not be terminated for failure to share in the cost of services provided		0 - 2	
7. Form is reviewed, signed and dated by the client/representative and social worker		0 - 1 - 2	
8. Form is completed annually for services subject to cost sharing		0 - 1 - 2	
C. Agency has made reasonable efforts to collect cost sharing revenue when client has agreed to participate		0 - 2	
<b>VIII. REDUCTION OR TERMINATION OF SERVICES</b>			
A. Documentation indicates that Notice is mailed/given to client at least 10 working days prior to the effective date of the change (unless exempt)		0 - 1 - 2	
B. Reasons for the reduction or termination are in accordance with policy and clearly stated on the notice		0 - 1 - 2	

## TANF TRANSFERRED TO SOCIAL SERVICES BLOCK GRANT MONITORING TOOL

Child TTTSSBG eligible: YES \_\_\_\_\_ NO \_\_\_\_\_  
NO \_\_\_\_\_

Allowable claim: YES \_\_\_\_\_

**Each question must be answered.** N/A may only be used if offered as an option. A question where N/A is shaded must be answered Yes or No. This form may be annotated with additional information regarding eligibility if necessary. See page 2 for further instructions.

County: \_\_\_\_\_ Sample#: \_\_\_\_\_ Review Date: \_\_\_\_\_

Review Period: \_\_\_\_\_ Reviewer: \_\_\_\_\_

SIS ID#: \_\_\_\_\_ Service/Program Code: \_\_\_\_\_

**Child's Name:**

**Child's Date of Birth:**

	YES	NO	NA
1) Is child in foster care?			
2) Is child in an adoptive placement?			
3) Is child in a licensed facility, or in a relative placement that is in the process of being licensed ?			
4) Is child IV-E eligible?			
5) If yes to #3 and #4, is the service claimed a IV-E allowable service? ( If yes, claims <b>cannot</b> be paid by TANF transferred to SSBG)			
6) If no to #3, but yes to #4, is service claimed an allowable TANF transferred to SSBG service? (If no, claims <b>cannot</b> be paid by TANF transferred to SSBG)			
7) Does child's own income total at or below 200% of the Federal Poverty Level? (N/A for children with a Final Decree of Adoption)			
8) Is the claim for post adoption services?			
9) If yes to #8, has the Final Decree of Adoption been issued?			

10) If yes to #8 and #9, is the income of the adoptive parents at or below 200% of FPL? (If no, post adoption services claim may <b>not</b> be paid through TANF transferred to SSBG)			
11) Is child a US citizen or a qualified alien?			

Comments:

**TANF TRANSFERRED TO SSBG (TTTSSBG) MONITORING TOOL INSTRUCTIONS**

1. Determine whether the child is considered to be in foster care.
2. Determine whether the child is considered to be in an adoptive placement.
3. Determine if the child is in a licensed facility or in a relative placement who is **ACTIVELY** engaged in the licensing process.
4. Determine whether the child is eligible for IV-E.
5. For this question, determine whether the service to be claimed is an allowable IV-E service. If it is, and the child is IV-E eligible and is in a licensed facility or placed with a relative who is actively in the process of being licensed, TTTSSBG cannot be claimed.  
Eligibility: A child may be IV-E eligible and TTTSSBG eligible. For example, Foster Care Diagnostic & Treatment, Service Code 100, is not an allowable IV-E service. Therefore, even if the child is IV-E eligible, Service Code 100 may be reimbursed through TTTSSBG. For a child not IV-E eligible, but is TTTSSBG eligible, any allowable TTTSSBG service may be reimbursed through Program Code "V".
6. If child is IV-E eligible, but is not in one of the placement as described in question #3 then determine whether claim is an allowable TTTSSBG service.
7. Child's Income Level: Is the child's income below 200% of the Poverty Level? If the child is in foster care, he is considered a "family of one" and only his income, if any, is considered. If the child's income is above 200% of FPL, the claim cannot be reimbursed through TTTSSBG.  
If the child is not in foster care, but is living with parents or caretakers, the parents or caretakers must meet the income requirement in order for the service to be reimbursed through TTTSSBG.  
(N/A for children with a Final Decree of Adoption issued)
8. Determine whether the claim is for post adoption services.
9. If claim is for post adoption service, determine whether the Final Decree of Adoption has been issued.
10. If claim is for post adoption services and the Final Decree of Adoption has been issued, you must determine whether the adoptive parents' income is at or below 200% of FPL. If adoptive parents' income exceeds the 200% FPL, the claim cannot be reimbursed through TTTSSBG.
11. A child must be a U.S. citizen or a qualified alien.

## Title IV-E Foster Care Eligibility On-Site Review Instrument

(Without Instructions)

NON-ERROR CASE: \_\_\_\_\_

ERROR CASE: \_\_\_\_\_

[March 2006 Version]

Underpayments: YES \_\_\_\_\_ NO \_\_\_\_\_

Ineligible Payments: YES \_\_\_\_\_ NO \_\_\_\_\_

**Each question must be answered.** If the question is not applicable, check "N/A" and indicate the reason the question does not apply to the sample case. A question where the "N/A" box is shaded must be answered "yes" or "no". Boxes outlined in **bold** indicate **potential case errors** or **ineligible payments**. Review the instructions for each question for an explanation of how to answer it. The reviewer must verify every eligibility factor and document his/her decisions on the form for each sample case. The form may be annotated with information regarding eligibility and payments. To record additional foster care placements during the period under review (PUR) and data concerning improper payments, the "Licensing/Safety Checklist for Multiple Placements" and "Improper Payment Chart" are appended, respectively. All statutory citations refer to the applicable section of the Social Security Act (the Act). The review instrument is to be completed for the most recent foster care episode. For multiple foster care entries during the PUR, an instrument is completed for each entry. Use pencil and print legibly.

["X" prefix indicates information in this field is confidential and will not be disclosed for any purpose outside of the review].

Sample review period (MM/DD/YY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Record the begin date and end date of the 6-month sample PUR. This 6-month timeframe corresponds to the Adoption and Foster Care Analysis and Reporting System (AFCARS) period from which the sample was drawn.

1. State Postal Code and Random Sample Selection Number: \_\_\_\_\_

2. Case ID: \_\_\_\_\_

3. County or Local Office: \_\_\_\_\_

4. Review Date (MM/DD/YY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

5. Reviewed By: \_\_\_\_\_

### A. CHILD INFORMATION

X1. Child's Name: \_\_\_\_\_

6. Child's Date of Birth: (MM/DD/YY) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

7. Child's Age as of First Day of Period Under Review: \_\_\_\_\_



**B. RELEVANT DATES (may precede PUR)**

8. Has there been a valid removal of the child from the home during the **Yes** \_\_\_\_ **No** \_\_\_\_  
**N/A** \_\_\_\_

most recent foster care episode?

Removal date: (MM/DD/YY) \_\_\_\_/\_\_\_\_/\_\_\_\_

9. Date child entered foster care: (MM/DD/YY) \_\_\_\_/\_\_\_\_/\_\_\_\_ **Yes** \_\_\_\_ **No** \_\_\_\_  
**N/A** \_\_\_\_

**C. REMOVAL PURSUANT TO A COURT ORDER**

10. Is the child's removal the result of a court order? **Yes** \_\_\_\_ **No** \_\_\_\_  
**N/A** \_\_\_\_

11. Is there a judicial finding of *Contrary to the Welfare*? **Yes** \_\_\_\_ **No** \_\_\_\_  
**N/A** \_\_\_\_

11(a). If the child is removed from the home before March 27, 2000,  
**N/A** \_\_\_\_ is the *Contrary to the Welfare* finding stated in a court order **Yes** \_\_\_\_ **No** \_\_\_\_  
 issued within 6 months of the child's removal? Or is there a removal petition filed  
 within 6 months of the child's removal that results in a judicial finding of *contrary to the welfare*?

Judicial finding date: (MM/DD/YY) \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Removal Petition date: (MM/DD/YY) \_\_\_\_/\_\_\_\_/\_\_\_\_

11(b). If the child is removed from the home on or after March 27, 2000,  
**N/A** \_\_\_\_ is the *Contrary to the Welfare* finding stated in the **Yes** \_\_\_\_ **No** \_\_\_\_  
 removal court order?

Judicial finding date: (MM/DD/YY) \_\_\_\_/\_\_\_\_/\_\_\_\_

11 (c). Is the requirement for a judicial finding of *Contrary to the Welfare* met? **Yes** \_\_\_\_ **No** \_\_\_\_  
**N/A** \_\_\_\_

11(d). Are title IV-E funds claimed before the month that the  
**N/A** \_\_\_\_ *Contrary to the Welfare* requirement is met? **Yes** \_\_\_\_ **No** \_\_\_\_

12. Is there a judicial finding of *Reasonable Efforts to Prevent Removal*

<b>Or Reasonable Efforts to Reunify Child and Family?</b> <b>N/A</b>	<b>Yes</b> ____ <b>No</b> ____
12(a). If the child was removed from the home before March 27, 2000, what is the date of the judicial finding regarding reasonable efforts?  Reasonable efforts to prevent removal date: (MM/DD/YY) ____/____/____ Reasonable efforts to reunify date: (MM/DD/YY) ____/____/____	<b>Yes</b> ____ <b>No</b> ____
<b>C. REMOVAL PURSUANT TO A COURT ORDER</b> <i>Continued</i>	
12(b). If the child was removed from the home on or after March 27, 2000, was the judicial finding of <i>Reasonable Efforts to Prevent Removal</i> within 60 days of the child's removal?  Judicial finding date: (MM/DD/YY) ____/____/____	<b>Yes</b> ____ <b>No</b> ____
12(c). Is the requirement for judicial finding of <i>Reasonable Efforts to Prevent Removal or Reasonable Efforts to Reunify Child and Family</i> met?	<b>Yes</b> ____ <b>No</b> ____
12(d). Are title IV-E funds claimed before the month of the judicial finding of <i>Reasonable Efforts to Prevent Removal or Reasonable Efforts to Reunify Child and Family</i> ?	<b>Yes</b> ____ <b>No</b> ____
<b>Comments:</b>   	
<b>D. VOLUNTARY PLACEMENT</b>	
13. Is the child's removal pursuant to a voluntary placement agreement?	<b>Yes</b> ____ <b>No</b> ____
14. Is the voluntary placement agreement signed by the parent or legal guardian and the State agency?	<b>Yes</b> ____ <b>No</b> ____
Voluntary placement agreement date: (MM/DD/YY) ____/____/____	

15..Is there a judicial determination regarding the child's Best Interest  
Within 180 days of the placement through a voluntary placement

Yes \_\_\_\_ No \_\_\_\_

N/A \_\_\_\_  
agreement?

Judicial finding date: (MM/DD/YY) \_\_\_\_/\_\_\_\_/\_\_\_\_

15(a). If "no" are title IV-E funds claimed for the period of  
ineligibility?

Yes \_\_\_\_ No \_\_\_\_

N/A \_\_\_\_

**Comments:**

**E. ONGOING JUDICIAL ACTIVITY (Reasonable Efforts to Finalize the Permanency Plan)  
Applicable to Court-Ordered Removals Only**

**Periodicity Chart for Judicial Determinations of Reasonable Efforts to Finalize the Permanency Plan**

Date Removed: \_\_\_\_/\_\_\_\_/\_\_\_\_  
\_\_\_\_/\_\_\_\_/\_\_\_\_

(Refer to Question 8)

Date Entered Foster Care:

( Refer to Question 9)

Judicial Determination	Date Due	Date Made	Is it Timely? (YES or NO)

16..Has the child been in foster care 12 months or more before the end of  
The PUR?

Yes \_\_\_\_ No \_\_\_\_

N/A \_\_\_\_

16(a). If Question 16 is "yes", what is the date of the most recent  
judicial determination of Reasonable Efforts to Finalize

Yes \_\_\_\_ No \_\_\_\_

N/A \_\_\_\_

made before PUR?

(MM/DD/YY): \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>16(b). What is the due date of the subsequent judicial determination that encompasses the PUR?</b> <b>N/A</b> _____ <div style="text-align: right;">(MM/DD/YY): _____ / _____ / _____</div>	<b>Yes</b> ____ <b>No</b> ____
<b>16(c). What is the date that the judicial determination is made?</b> <b>N/A</b> _____ <div style="text-align: right;">(MM/DD/YY): _____ / _____ / _____</div>	<b>Yes</b> ____ <b>No</b> ____
<b>16(d). Is the judicial determination of Reasonable Efforts to Finalize timely?</b> <b>N/A</b> _____	<b>Yes</b> ____ <b>No</b> ____
<b>16(e). If Question 16d is “no”, are there ineligible title IV-E funds that were claimed as a result of the untimely judicial determination?</b> <b>N/A</b> _____	<b>Yes</b> ____ <b>No</b> ____
<b>Comments:</b> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	
<b>F. AFDC (Aid to Families with Dependent Children) ELIGIBILITY</b>	
<b>17. Was the child removed from the home of a specified relative?</b> <b>N/A</b> _____	<b>Yes</b> ____ <b>No</b> ____
<b>18. Did the child live with the specified relative within 6 month of removal?</b> <b>N/A</b> _____ <div style="text-align: right; margin-top: 10px;">Last lived with date: (MM/DD/YY) _____ / _____ / _____ /</div>	<b>Yes</b> ____ <b>No</b> ____
<b>19. Was the child living with and removed from the same specified relative?</b> <b>N/A</b> _____	<b>Yes</b> ____ <b>No</b> ____
<b>20...Did the State determine the child’s AFDC eligibility based on the specified relative’s home for the month the voluntary placement agreement was entered into or the removal petition was filed?</b> <b>N/A</b> _____	<b>Yes</b> ____ <b>No</b> ____
<b>20(a). Was financial need established?</b> <b>N/A</b> _____	<b>Yes</b> ____ <b>No</b> ____

20(b). Was deprivation of parental support or care established? N/A	Yes ____ No ____
21...Is the child 18 years or older at the time of removal or at any point during the PUR? N/A	Yes ____ No ____
21(a). Has the State agency exercised the school attendance option? N/A	Yes ____ No ____
21(b). Is the youth a full-time student in a secondary or it's equivalent? N/A	Yes ____ No ____
21(c). Is the youth expected to graduate before his/her 19 <sup>th</sup> birthday? N/A	Yes ____ No ____
22...If the child did not meet AFDC requirements for initial eligibility, are title IV-E funds claimed for the period of ineligibility? N/A	Yes ____ No ____
23...Is the child's eligibility for AFDC re-determined? N/A	Yes ____ No ____
Re-determination period (MM/YY): from ____/____/____ to ____/____/____ from ____/____/____ to ____/____/____	
23(a). Has financial need existed throughout the PUR? N/A	Yes ____ No ____
23(b). Has deprivation exist throughout the PUR? N/A	Yes ____ No ____
23(c). If "no" are title IV-E funds claimed for the period of ineligibility? N/A	Yes ____ No ____
<b>Comments:</b>	
<b>G. STATE AGENCY RESPONSIBILITY FOR PLACEMENT/CARE</b>	
24...For The entire time that the child is in an out-of-home placement during the period under review, does the title IV-E agency (or public agency with a title IV-E agreement) maintain responsibility for the placement and care of the child? N/A	Yes ____ No ____

25...If "no", were title IV-E funds claimed for the period of time that the title IV-E agency (or public agency with a title IV-E agreement) <i>did</i> <b>N/A</b> _____ <i>not</i> have responsibility for the placement and care of the child?	<b>Yes</b> ____ <b>No</b> ____
26...Agency Name: _____	
<b>H. PLACEMENT IN LICENSED FOSTER CARE FACILITY</b>	
X2. Provider Name: _____	
X3. Provider Street Address: _____	
X4. Provider City: _____	X5. Provider State: _____
27...Date(s) of child's placement in this foster care facility (MM/DD/YY) from ____ / ____ / ____ to ____ / ____ / ____  from ____ / ____ / ____ to ____ / ____ / ____	
28...Type of foster care facility: ____ FFH    ____ GH    ____ Public Institution    ____ PNP/FP Institution ____ Other	
29...Is this foster care provider <i>fully</i> licensed during the child's placement that falls within the PUR? <b>N/A</b> _____	
<b>Yes</b> ____ <b>No</b> ____	
Licensure period (MM/DD/YY): from ____ / ____ / ____ to ____ / ____ / ____ from ____ / ____ / ____ to ____ / ____ / ____	
29(a). If "no", are title IV-E funds claimed for the period that the for care provider is not <i>fully</i> licensed? <b>N/A</b> _____	
<b>Yes</b> ____ <b>No</b> ____	
30...Are title IV-E funds claimed before the month in which the foster care provider is fully licensed? <b>N/A</b> _____	
<b>Yes</b> ____ <b>No</b> ____	
<b>Comments:</b> _____ _____	

**I. SAFETY REQUIREMENTS OF PROVIDER**

31...If the placement is a foster family home, has the State “opted out” of the criminal records check requirement for prospective foster family homes? **Yes** \_\_\_\_ **No** \_\_\_\_  
 \_\_\_\_ **N/A** \_\_\_\_

31(a). If the State has not “opted out”, is a criminal records check completed satisfactorily on the prospective foster parent? **Yes** \_\_\_\_ **No** \_\_\_\_  
 \_\_\_\_ **N/A** \_\_\_\_

31(b). If the State has “opted out,” are safety considerations addressed satisfactorily for the prospective parent? **Yes** \_\_\_\_ **No** \_\_\_\_  
 \_\_\_\_ **N/A** \_\_\_\_

32...If the placement is a childcare institution, are safety considerations addressed satisfactorily for the caretaker staff of the institution? **Yes** \_\_\_\_ **No** \_\_\_\_  
 \_\_\_\_ **N/A** \_\_\_\_

33...If “no,” are title funds claimed for the period of ineligibility in which the safety requirement is not satisfied for the foster care provider? **Yes** \_\_\_\_ **No** \_\_\_\_  
 \_\_\_\_ **N/A** \_\_\_\_

34...Are title IV-E funds claimed *before* the month in which the safety requirements are met for the foster care provider? **Yes** \_\_\_\_ **No** \_\_\_\_  
 \_\_\_\_ **N/A** \_\_\_\_

**CASE REVIEW FINDINGS**

**Underpayment:** *Occurs when IV-E maintenance payment or administrative cost is not claimed, but may be claimed, for an allowable IV-E activity or period of eligibility.*

**Non-Error Case with Ineligible Payment:** *Occurs when the only IV-E payment for a maintenance or administrative cost is made for an ineligible child outside the PUR.*

**Error Case:** *Occurs when IV-E payment for maintenance or administrative cost is made for an ineligible child at any time during the PUR.*

**Comments:**

IV-E Adoption  
Assistance  
Eligible

YES \_\_\_\_\_ NO \_\_\_\_\_

Attachment D

IV-E ADOPTION ASSISTANCE  
MONITORING INSTRUMENT

County/Agency: \_\_\_\_\_

Sample# \_\_\_\_\_

Review Date: \_\_\_\_\_

Review Period: \_\_\_\_\_

**Instructions:** Each question must be considered unless otherwise directed on this form. N/A may only be used if offered as an option. This form may be annotated with additional information, if necessary.

**Case Information:**

Child's Name: \_\_\_\_\_ SIS ID# \_\_\_\_\_

DOB: \_\_\_\_\_

Reviewer: \_\_\_\_\_

**General Eligibility for Adoption Assistance Monitoring Guide:**

1. Is a completed DSS-5012 in the file with required documentation attached?

Yes \_\_\_\_\_ No \_\_\_\_\_

2. How did the child originally become the placement responsibility of the agency?

• Voluntary Placement Agreement with the parents subject to judicial review by the court

Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

• Court order that includes language that it was contrary to the child's welfare to remain in the home

Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

• A petition to remove child from specified relative who voluntarily relinquished the child within 6 months of the date the child last lived with them.

Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

*If **none** of the above, the child is **not eligible for adoption assistance** payments, except for cases where Non-recurring expenses only were utilized.*

3. Is the child in the placement responsibility of a North Carolina agency authorized to place children for adoption, or was at the time of the filing of the adoption petition in the custody of a North Carolina agency or had been in the placement responsibility of an agency who subsequently placed the child in the custody of a person now pursuing adoption of that child?

(N/A if only Non-recurring expenses were utilized)

Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

4. Has it has been determined that the child cannot or should not be returned to his parents. (This means that the state must have reached that decision based on evidence by a court order legally clearing the child through TPR, or the existence of a petition for TPR, or a relinquishment by the parent to a child-placing agency, or, in the case of an orphan child, verification of the death of the parents, or the parent gave consent to adoption directly to a family approved by the agency that is legally responsible for placement) Yes \_\_\_\_\_ No \_\_\_\_\_



5. Does the child meet the criteria for being considered a child with special needs as defined in the Family Services, Volume I, Chapter XIII: Child Welfare Funding Manual, Part VI, and is there documentation that supports the child's special needs?

Yes \_\_\_\_\_ No \_\_\_\_\_

6. Are efforts documented that demonstrate a reasonable, but unsuccessful, effort has been made to place the child with appropriate adoptive parents without providing adoption or medical assistance?

OR

Is there documentation that this requirement is waived because it would be against the best interests of the child because of such factors as the existence of significant emotional ties with prospective adoptive parents while in the care of such parents as a foster child or when the child is being adopted by relatives?

Yes \_\_\_\_\_ No \_\_\_\_\_

7. Was the eligibility for Adoption Assistance based on the child's circumstances, rather than the adoptive parents'?

Yes \_\_\_\_\_ No \_\_\_\_\_

8. Was the eligibility for Adoption Assistance benefits established prior to the child's placement for adoption or at least before the issuance of the Decree of Adoption? (N/A if Adoption Assistance is established after the Decree of Adoption through the appeals process.)

Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

9. Is there a completed, signed Adoption Assistance Agreement (DSS-5013) with the adoptive parents in the record that was done anytime after placement, which must be done before the Decree of Adoption?

Yes \_\_\_\_\_ No \_\_\_\_\_

10. Is there documentation that adoption assistance benefits were discussed with the adoptive parents?

Yes \_\_\_\_\_ No \_\_\_\_\_

**Based on the answers to questions 1 through 10, is the child eligible for Adoption Assistance?**

**Yes \_\_\_\_\_ No \_\_\_\_\_**

**If No, stop here. Child is not eligible for Adoption Assistance.**

**Funding Eligibility for IV-E Adoption Assistance Monitoring Guide:**

11. If the child has been determined eligible for Adoption Assistance, is there documentation that the child meets one of the following four criteria for IV-E Adoption Assistance?

Child is AFDC (IV-E) eligible and meets the definition of a child with special needs. Adoption assistance eligibility that is based on a child's AFDC eligibility is predicated on a child meeting the criteria at the time of removal from the home.

Child is eligible for Supplemental Security Income (SSI) benefits and meets the definition of a child with special needs. Eligibility must be established prior to the finalization of the adoption. A child does not have to be in agency custody to qualify for assistance if he is SSI eligible and meets the definition of a child with special needs.

Child is eligible as a child of a minor and meets the definition of a child with special needs. A child is eligible in this circumstance if the child's parent is in foster care and receives IV-E foster care payments that cover both the minor parent and the child prior to the finalization of the adoption.

Child is eligible due to prior IV-E adoption assistance eligibility and meets the definition of a child with special needs. In situations where a previous adoption has dissolved or the adoptive parents die, the child is treated as though his or her circumstances are the same as those prior to the previous adoption. Since IV-E adoption assistance eligibility need not be re-established in subsequent adoptions, the manner of a child's removal from the adoptive home, including whether the child is voluntarily relinquished to an individual, a public or private agency is irrelevant.

Yes \_\_\_\_\_ Criteria \_\_\_\_\_ No \_\_\_\_\_

12. The child was placed by a private agency and is child receiving SSI (if yes, IV-E is the funding source.)

Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

***If 'No' to questions 11 and 12, stop here. Child is not eligible for IV-E Adoption Assistance.***

*(Note: Undocumented Alien Children are not eligible for IV-E adoption assistance payments)*

13. The DSS 5094 have been closed.

Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

14. A DSS 5095 has been opened in the child's adoptive name.

Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

**Conclusions:**

A. Describe strengths noted during this monitoring activity.

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B. Describe any areas needing improvement that do not affect program compliance.

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C. Describe any issues that result in this county DSS being out of program compliance.

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15. Was the claim allowable?      Yes \_\_\_\_\_      No \_\_\_\_\_

If no, a Corrective Action Plan will be required within 30days of receipt of the written report. The written report is the responsibility of the monitor and will be completed within 30days from review date.

**Work First Services Monitoring Guide****Families or NCPs that Meet 200% Income Limit**

\_\_\_\_\_ County

Instructions: This form must be dated and signed by the Program Manager or Supervisor. Each question must be answered. "NA" may be used only if it is offered as an option. This form may be annotated with additional information regarding eligibility as necessary (use comments section).

Casehead Name \_\_\_\_\_

Month Being Reviewed and Services Received in that Month: \_\_\_\_\_

County Case # \_\_\_\_\_ SIS ID # \_\_\_\_\_

Is the **original DSS-5027 signed and keyed** into SIS? ☐ Yes ☐ No If no, explain: \_\_\_\_\_\_\_\_\_\_ Is the **Eligibility period stated in 'C'** with to and from dates? Y N**Non-financial Eligibility (Check the type of case being reviewed.)**

<input type="checkbox"/> Family with income at or below 200% of poverty		Method of Verification
1 Was each <b>child living with a parent, specified relative, or legal custodian or guardian</b> in service month?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Statement <input type="checkbox"/> Collateral Date _____
2. Is each child age 17 or younger or 18 attending high school and expected to graduate by age 19? [Section 109]	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Statement <input type="checkbox"/> Birth Certificates <input type="checkbox"/> Other
➤ Which child is over age 17?		

3. Is <b>each</b> family unit member a <b>US citizen</b> ? [Section 111]	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Statement Certificates <input type="checkbox"/> Other <input type="checkbox"/> Birth
➤ For children or adults who are not citizens, are they qualified aliens?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> INS Papers <input type="checkbox"/> Other
➤ Which included individuals are not citizens or qualified aliens?		
<input type="checkbox"/> <b>Non-Custodial Parent of Work First Child</b>		
4. Is the parent a non-custodial parent of a child who was a Work First recipient in the service month?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> EIS Individual screen <input type="checkbox"/> Other verification
5. Is the non-custodial parent a US citizen? [Section 111]	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Statement Certificates <input type="checkbox"/> Other <input type="checkbox"/> Birth
➤ If not, is the non-custodial parent a qualified alien?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Gross Income: \$

### Financial Eligibility

6. Does the family or non-custodial parent have any <b>earned or unearned income</b> ? [Section 114]							<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Statement <input type="checkbox"/> Wage Stub <input type="checkbox"/> Tax Return <input type="checkbox"/> Other
7. Is the <b>total gross income at or below 200% of poverty</b> ? <sup>1</sup>							<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Gross Income \$
Family size	1	2	3	4	5	6	7	8	
200%	\$1702	\$2282	\$2862	\$3442	\$4022	\$4602	\$5182	\$5762	For each additional family member, add \$580.00. <b>2007</b>
150%	\$1277	\$1712	\$2147	\$2582	\$3017	\$3452	\$3887	\$4322	For each additional family member, add \$414.00. <b>2007</b>
200%	\$1633	\$2200	\$2767	\$3333	\$3900	\$4467	\$5033	\$5600	For each additional family member, add \$567.00. <b>2006</b>
150%	\$1225	\$1650	\$2075	\$2500	\$2925	\$3350	\$3775	\$4200	For each additional family member, add \$408.00. <b>2006</b>

**If County has set limit lower than 200%, document. See note 1.**

<sup>1</sup> Remember that counties can set an income limit less than 200% of poverty. If the county has opted to do that, review their county plan to ensure that their choice has been documented. If an appropriate plan amendment has not been submitted with the lower income amount, yet the county is using the lower income limit, document this in the findings.

**Service**

8. Was the <b>service(s) provided allowable</b> under TANF?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>Number of months this service covers:</b>		

**Conclusion**

- **Was the family or non-custodial parent eligible for services funded with TANF?** ☐ Yes   ☐ No

- If no, why? \_\_\_\_\_

\_\_\_\_\_

- **Was the service allowable?**   ☐ Yes   ☐ No

- If no, why? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Comments and Corrective Action Needed:**

\_\_\_\_\_  
Program Manager/ Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Monitor

\_\_\_\_\_  
Date

## Work First Eligibility Monitoring Tool

### Cash Assistance

\_\_\_\_\_ County

**Instructions:** This form must be dated and signed by the Program Manager or Supervisor. Each question must be answered. This form may be annotated with additional information regarding eligibility as necessary (use comments section or attach additional information).

Payee's Name \_\_\_\_\_

Co. Case # \_\_\_\_\_ Case ID # \_\_\_\_\_

List Action taken prior to payment month being reviewed (i.e., review, change in situation) \_\_\_\_\_

Month being monitored: \_\_\_\_/\_\_\_\_/\_\_\_\_ Payment review period for month being monitored: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Payment Amt \$ \_\_\_\_\_

### Non-Financial Eligibility

1. Was each child living with a parent or step-parent in the payment month? [Section 112]	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Method of Verification</b> Date _____ <input type="checkbox"/> Statement <input type="checkbox"/> Collateral
➤ If this was a <b>child only case</b> , was the child living with a specified relative or an adult who has legal custody or guardianship? [Section 112]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> SSI Parent <input type="checkbox"/> Other Relationship _____ <input type="checkbox"/> Legal custody <input type="checkbox"/> Birth Certificates <input type="checkbox"/> Guardianship <input type="checkbox"/> Other
➤ If none of the above does the child meet the requirements for <b>temporary absence</b> ? [Section 112]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
2. Is each parent or stepparent who is required to be included in the case included? [Section 104]	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Profile <input type="checkbox"/> DSS-8124
➤ If no, who is not included but should be?		
3. Do all the children included in the case meet the age rule [Section 109]	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Birth Certificates <input type="checkbox"/> Statement
➤ Is a child 18 attending high school and expected to graduate by age 19?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

4. Is there a child who is subject to the family cap? [Section 106]	<input type="checkbox"/> Yes <input type="checkbox"/> No	DOB on birth certificate _____
➤ If so, is that family cap child correctly coded in EIS?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
5. Has Residency been verified? [Section 108]	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date _____
6. Does each family unit member have a social security number? [Section 110] If yes, go to 8.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Statement [at application only ] Copies in file? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other verification
➤ For a child or adult with no social security number, has an application been made for one?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
➤ Which family members have no social security number and have not applied for one?		
7. Is each family unit member a US citizen? [Section 111]	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Statement <input type="checkbox"/> Other
➤ For children or adults who are not citizens, are they qualified aliens?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> INS Papers
➤ Which included individuals are not citizens or qualified aliens?		
8. Has Identity been verified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Has each adult who is required to do so, registered at ESC for <b>First Stop?</b> [Section 104C]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> ESC printout in file <input type="checkbox"/> routing form <input type="checkbox"/> OLV
➤ If no, who is required to register for First Stop but has not done so?		
10. Is (are) the adult(s) job/work registration code correct [Section 118,II]	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11. 11. Has each adult who is included been screened for potential <b>substance abuse?</b> [Section 104B]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Audit/Dast in file Date _____
➤ Which adult has not been screened?		
12. 12. Is anyone who is included in the case <b>fleeing prosecution or custody, or in violation of probation or parole requirements?</b> [Section 104A]	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> DSS 5271 <input type="checkbox"/> DSS 8228 <input type="checkbox"/> Other
➤ Is the payment level correctly reduced?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	



13. Has anyone who is included in the case been <b>convicted of a controlled substance felony</b> ? [Section 104A]	<input type="checkbox"/> Yes <input type="checkbox"/> No	
➤ Is the payment level correctly reduced?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
➤ Is the individual who has been convicted of an H or I controlled substance felony meeting the requirements to be eligible?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
14. Is there signed documentation in the case record referencing answers to questions 11 and 12 above?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Signed by <u>all</u> adult recipients necessary <input type="checkbox"/> Date _____
15. Is there a <b>current Mutual Responsibility Agreement</b> properly completed, signed and dated by all adult recipients in the record? [Section 103]	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Date _____
16. Are all requirements being met for a <b>minor parent</b> included in the case? [Section 107]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
17. How many months of the <b>12-month time</b> limit has the family received? [Section 105]	# Mos. _____ or N/A	<input type="checkbox"/> N/A Child Only case
18. How many months of the <b>24-month time</b> limit has the family received? [Section 105]	# Mos. _____ or N/A	<input type="checkbox"/> N/A Child Only case
19. How many months of the federal <b>5-year time</b> limit has the family received? [Section 105]	# Mos. _____ or N/A	<input type="checkbox"/> N/A Child Only case

### **Financial Eligibility**

20. Are the family's <b>resources under the \$3,000</b> asset limitation? [Section 115]	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OLV <input type="checkbox"/> Statement <input type="checkbox"/> Bank, etc. [other]
21. Is there any <b>countable income</b> for the case? [Section 114]	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Statement <input type="checkbox"/> Tax return <input type="checkbox"/> Wage stubs <input type="checkbox"/> Other
22. Was the correct month's income used to calculate the review month's payment? [Section 114]	<input type="checkbox"/> Yes <input type="checkbox"/> No	
23. If appropriate, was the <b>job bonus</b> applied?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

### **Sanctions**

24. Does the record indicate that a sanction should have been applied for the review month? [Section 120]	<input type="checkbox"/> Yes <input type="checkbox"/> No	
25. Was the <b>sanction [s]</b> applied appropriately? [Section 120]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

**Conclusion**

• **Are all individuals included in the case eligible for WF Family Assistance?** ☐ Yes ☐ No

• If no, who is not eligible, and why? \_\_\_\_\_

\_\_\_\_\_

• **Is the payment amount correct for the review month?** ☐ Yes ☐ No

• If the payment is not correct, why? \_\_\_\_\_

\_\_\_\_\_

**Comments and Corrective Action Needed:**

\_\_\_\_\_  
Program Manager/ Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Monitor

\_\_\_\_\_  
Date

**Work First Eligibility Monitoring Tool**  
**Employment Services**

**Instructions:** This form must be dated and signed by the **Program Manager or Supervisor**. Each question must be answered. This form may be annotated with additional information regarding eligibility as necessary (use comments section or attach additional information).

\_\_\_\_\_ **County**

**Participant's Name** \_\_\_\_\_

**Case ID#:** \_\_\_\_\_

**Individual ID#:** \_\_\_\_\_

**Month Being Monitored** \_\_\_\_/\_\_\_\_

## Work Verification

01. Is (are) the adult(s) job/work registration code correct in the monitoring month? [Section 118,II]	<input type="checkbox"/> Yes <input type="checkbox"/> No																	
02. List all open components, scheduled hours, completed hours and weeks keyed in EPIS for the month being monitored. <table border="1" data-bbox="546 402 1554 667"> <thead> <tr> <th>Component</th> <th>Scheduled Hours</th> <th>Completed Hours</th> <th>Weeks</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2.</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3.</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Component	Scheduled Hours	Completed Hours	Weeks	1.				2.				3.			
Component	Scheduled Hours	Completed Hours	Weeks															
1.																		
2.																		
3.																		
03. Are all completed hours keyed in EPIS verified by time cards and/ or attendance reports in the record?	<input type="checkbox"/> Yes <input type="checkbox"/> No																	
04. Was participation documented according to policy: <ul style="list-style-type: none"> <li>• Time cards/attendance reports no less than bi-weekly?</li> <li>• Time cards/attendance reports signed by the appropriate person as required by policy?</li> <li>• Projected employment/self employment hours documented by at least two-weeks check stubs or other employer-generated documentation of hours worked?</li> <li>• Is the calculation correct?</li> <li>• “FLSA” calculation of hours on file for AW?</li> <li>• Did the individual exceed the number of hours permitted by FLSA?</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No																	

<ul style="list-style-type: none"> <li>• If the JS hours are keyed as countable, was the reporting limited to four consecutive weeks?</li> <li>• For any of the education components, is there documentation regarding “satisfactory progress” as defined in policy?</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
05. Does the activity meet the definition of the component code keyed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p><b><u>Comments and Corrective Action Needed:</u></b></p>  <p><input type="checkbox"/> All Required Elements were present.</p>  <p><input type="checkbox"/> Problems noted:</p>          		

 \_\_\_\_\_  
 County Reviewer

 \_\_\_\_\_  
 Date

 \_\_\_\_\_  
 Monitor

 \_\_\_\_\_  
 Date

# **WORK FIRST MONITORING TOOL FOR CHILD SUPPORT NON-COOPERATION SANCTION**

**COUNTY:** \_\_\_\_\_

Instructions: This form must be dated and signed by Program Manager or Supervisor. Each question must be answered. This form may be annotated with additional information regarding eligibility as necessary (use comments section or attach additional information).

Payee's Name \_\_\_\_\_

Co. Case # \_\_\_\_\_ Case ID # \_\_\_\_\_

**PAYMENT MONTH BEING MONITORED:** \_\_\_\_/\_\_\_\_/\_\_\_\_

## **CHILD SUPPORT NON-COOPERATION SANCTION MONITORING TOOL**

1. WHAT WAS THE WORK LIST VIEW DATE? \_\_\_\_/\_\_\_\_/\_\_\_\_.
2. WHAT WAS THE DATE THE COUNTY WAS NOTIFIED THAT THE CLIENT WAS NON-CCOP WITH IVD?  
\_\_\_\_/\_\_\_\_/\_\_\_\_ (View date on the IVD non-coop report)
3. WHAT WAS THE DATE THE DSS-8110 (TO IMPOSE A IVD SANCTION) WAS EITHER MAILED OR KEYED?  
\_\_\_\_/\_\_\_\_/\_\_\_\_
4. DID THE PAYEE COOPERATE WITH CHILD SUPPORT? Yes \_\_\_\_\_ No \_\_\_\_\_
5. IF QUESTION 4 WAS ANSWERED YES, WHAT WAS THE DATE OF COOPERATION? \_\_\_\_/\_\_\_\_/\_\_\_\_
6. IF QUESTION 4 WAS ANSWERED NO, WAS THE SANCTION FOR NON-COOPERATION WITH CHILD  
SUPPORT APPLIED TIMELY? Yes \_\_\_\_\_ No \_\_\_\_\_

7. IF QUESTION 6 WAS ANSWERED YES, WHAT WAS THE DATE THE SANCTION TOOK EFFECT?  
 \_\_\_\_/\_\_\_\_/\_\_\_\_

8. IF QUESTION 6 WAS ANSWERED NO, Why? \_\_\_\_\_  
 \_\_\_\_\_

9. WHAT VERIFICATIONS ARE IN THE WORK FIRST RECORD THAT THE CLIENT CO-OPERATED ON ALL CHILD SUPPORT CASES?  
 \_\_\_\_\_

10. IS THERE AN "N" IN THE NON COOP FIELD IN ACTS? YES\_\_\_\_ NO \_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 IS THERE A "Y" IN THE COOP FIELD? YES\_\_\_\_ NO\_\_\_\_ Date\_\_\_\_/\_\_\_\_/\_\_\_\_

**Comments and Corrective Action Needed:**

☐ This case was listed on the **DHREJ NON-COOP WITHOUT A IVD SANCTION.**

☐ Problems noted:

County Reviewer \_\_\_\_\_

Date\_\_\_\_\_

Monitor: \_\_\_\_\_

Date\_\_\_\_\_

WORK FIRST CASE MONITORING**(10 CASH ASSISTANCE CASES/10 SERVICES CASES)**

Alexander	Gates	Pamlico
Alleghany	Graham	Pasquotank
Anson	Granville	Pender
Ashe	Greene	Perquimans
Avery	Hertford	Person
Bertie	Hoke	Polk
Bladen	Hyde	Richmond
Camden	Jackson	Stanly
Caswell	Jones	Stokes
Chatham	Lee	Swain
Cherokee	Macon	Transylvania
Chowan	Madison	Tyrrell
Clay	Martin	Warren
Currituck	McDowell	Washington
Dare	Mitchell	Watauga
Davie	Montgomery	Yadkin
Franklin	Northampton	Yancey

**(15 CASH ASSISTANCE CASES/ 15 SERVICES CASES)**

Alamance	Halifax	Randolph
Beaufort	Harnett	Rockingham
Brunswick	Haywood	Rowan
Buncombe	Henderson	Rutherford
Burke	Iredell	Sampson
Cabarrus	Johnston	Scotland
Caldwell	Lenoir	Surry
Carteret	Lincoln	Union
Catawba	Moore	Vance
Cleveland	Nash	Wayne
Columbus	New Hanover	Wilkes
Craven	Onslow	Wilson
Davidson	Orange	
Duplin	Pitt	
Edgecombe		

**(20 CASH ASSISTANCE CASES/20 SERVICES CASES)**

Durham	Cumberland	Forsyth	Mecklenburg
	Gaston		Robeson
	Guilford	Wake	



## STATE MATERNITY HOME FUNDS

### MONITORING PROCEDURE AND TOOL:

The State Maternity Fund is a resource for any NC resident experiencing an unplanned pregnancy, regardless of age or marital status, who is unable to remain in her own home during the pre-natal period and whose financial resources have been determined to be inadequate to meet the residential costs in an approved living arrangement.

Only county departments of social services or licensed private adoption agencies may apply for SMF for individuals experiencing unplanned pregnancies. The Division of Social Services is responsible for reviewing and approving applications, and for monitoring the services for both the county departments of social services and the private adoption agencies.

Claims for reimbursement must be submitted monthly by the maternity home or other approved living arrangement to the State Maternity Fund Coordinator for review and approval. Claims are then forwarded to the controller's office of the NC Department of Health and Human Services for payment processing.

The following information is completed and submitted to the Data Management and Review Team for the tracking of monitoring activities.

I. Name of Provider \_\_\_\_\_

II. Date of Monitoring Activity \_\_\_\_\_

Topic Area	Yes	No	N/A	Recommendations/Comments
<b>Reporting</b>				
1. Review of State Maternity Home Funds Worksheet Register				
2. Are Activities Allowed or Unallowed				
3. Are Cost Allowable B (1,2 and 3)				
4. Is Client Eligible for funds.				
5. Is the provider in program compliance?				
6. Is a Corrective Action Plan needed				
If yes, Corrective Action Plan steps may/will be required to be initiated and resolved within 30 days.				

\_\_\_\_\_  
Monitor

\_\_\_\_\_  
Date

**At-Risk Case Management Services**  
Program Compliance Monitoring Plan  
for  
Division of Aging and Adult Services and Division of Social Services

**Purpose**

The purpose of this plan is to establish a monitoring process for Medicaid funded At-Risk Case Management Services (ARCMS). The plan will help to ensure the integrity of this program and that subrecipients utilizing this funding source are in compliance with applicable laws and regulations and stated results and outcomes. The plan will also provide baseline data to determine if there is inappropriate utilization of this funding source by providing cumulative results using the monitoring tool. The cumulative results gathered from all counties monitored within a six month timeframe may show areas of performance that may require additional consultation and training.

**Program to be Monitored**

At-Risk Case Management Services (ARCMS)

At-Risk Case Management Services is a Medicaid reimbursable targeted case management service provided by county departments of social services. It is used for both Adult and Child Welfare Services. The Divisions of Aging and Adult Services (DAAS) and Social Services (DSS) will be responsible for carrying out this monitoring. This plan addresses how the ARCMS monitoring is carried out.

**Subrecipients to be Monitored**

Subrecipients are defined as County Departments of Social Services who are certified ARCMS providers and are receiving Medicaid reimbursement for the purposes of the ARCM monitoring plan.

**Monitoring Staff**

Program Compliance staff of DAAS and DSS are responsible for monitoring ARCMS

**Monitoring Tools**

The standardized monitoring tool is based on applicable laws and regulations that govern this program. The At-Risk Case Management monitoring tool and instructions are included with this monitoring plan.

**Monitoring Schedule**

On-site monitoring for ARCM services will begin in SFY-07. Management and monitoring staff of DAAS and DSS will determine the schedule for subrecipients monitoring. ARCMS monitoring will be scheduled in conjunction with other planned monitoring. Each monitoring team may monitor different counties at different times and may not monitor the same county in

the same fiscal year. Each team will schedule no more than 25 subrecipients for monitoring each fiscal year.

On-site monitoring is conducted over a multi-year time period for all subrecipients. The proposed multi-year monitoring schedule for ARCMS is as follows:

## **ARCMS**

SFY-07 – not more than 25 subrecipients (each division)

SFY-08 – not more than 25 subrecipients (each division)

SFY-09 – not more than 25 subrecipients (each division)

SFY-10 – not more than 25 subrecipients (each division)

Total: 100 subrecipients (see note)

**Note:** Although there are 100 County Departments of Social Services, not all are certified ARCMS. Providers and of those certified, some may not be providing ARCMS or may elect not to report expenditures and would therefore not be monitored for ARCMS.

## **Monitoring Sample**

Monitoring staff of Adult Services and monitoring staff of Family Support/Child Welfare Services will each monitor five (5) records per county visited in their schedule. The Division of Social Services Performance Management/Report and Evaluation Management will provide a random sample of clients for whom the counties have reported services on the Day sheet (DSS-4263), from the three previous months prior to the month in which the monitoring occurs. In the event that the sample size can not be obtained within the three previous months, the monitors will go back as far as necessary to procure the appropriate sample size. In the event that there are fewer records to be monitored than the sample size, all available records will be monitored.

## **Monitoring Process**

Subrecipients will be notified of the sample of records selected for review prior to the scheduled monitoring dates. This monitoring will occur on-site at the county department of social services in order to review the programmatic records identified in the sample. Prior to conducting the on-site visit, the monitoring staff will review any findings and follow-up from previous deficiencies and/or corrective action plans, findings from any monitoring conducted by the Division of Social Services fiscal consultants, information from the DHHS Monitoring Database, and any other relevant reports or information. Records will be reviewed using the standardized ARCMS tool.

## **Reporting Findings and Follow up**

Once the on-site monitoring is completed, results, as determined through the use of the At Risk Case Management monitoring tool, will be summarized and communicated to the county during the exit conference. The At Risk Case Management Record Review Exit Conference Tool will identify any areas indicating a need for improvement.

Staff conducting the monitoring will utilize the At Risk Case Management Record Review Exit Conference Tool to assist the county department of social services to develop a plan if needed

and will indicate if additional training is needed to address specific problems. Adult and Children's Programs Representatives (APRs and CPRs), assigned to the county department of social services will follow up on the plan to determine that all areas needing improvement have been addressed.

Aggregate results of the monitoring will be reported to the Division of Medical Assistance on a semi- annual basis. This report will represent a broad picture of problems identified and areas where additional training and consultation are required. The report will establish a baseline to assist in determining level of risk due to inappropriate utilization of ARCMS.

After cumulative data from the first six months are collected, the monitoring plan may be adjusted to increase or decrease the sample size depending upon results of the monitoring.

### **Maintenance of Monitoring Documentation**

Monitoring tools, written reports and related correspondence for ARCMS monitoring will be maintained by DAAS and DSS. Records will be maintained according to North Carolina's records retention policy.

## At Risk Case Management Program Compliance Monitoring Tool Instructions

The purpose of case management services for adults and children at-risk for abuse, neglect, or exploitation is to assist them in gaining access to needed medical, social, educational, and other services; to encourage the use of cost-effective medical care by referrals to appropriate providers; and to discourage over-utilization of costly services.

### I. Prior to Opening Case (Pre-Screening):

1. Establish if there is documentation that indicates that client is eligible for all Medicaid services on the date that they received service. This may be found in the social worker notes or in the EIS screening if it is available or other information.

0 = No documentation of eligibility.

2 = Documentation that the client is eligible for Medicaid services.

*ARCM policy section 2.1*

2. Documentation indicates that the client was asked as to whether the client is receiving Medicaid case management services from another agency. There are some instances when more than one agency may receive Medicaid reimbursement for case management services.

0 = There is no documentation in the record that indicates that the client was asked whether another agency is providing Medicaid case management.

2 = Documentation indicates that the client was asked if another agency is providing Medicaid case management.

*ARCM policy, section 4.1 number 4*

3. If record indicates that the client is receiving other Medicaid funded case management services, the notes should determine that the client remained eligible for ARCM services in accordance with the ARCM policy section 4.1 number 5.

0 = Documentation in the record indicates that the client is not eligible for ARCM services.

2 = Documentation in the record indicates another Medicaid funded service is being provided, but the client remains eligible for ARCM services in accordance with the ARCM policy.

*ARCM policy, section 4.1, number 4*

4. Documentation should indicate whether the client was asked if the client has third-party insurance.

0 = There is no documentation in the record that indicate that the client was asked about private insurance.

2 = Documentation indicates that the client was asked about private insurance.

\* If client has private insurance, policy states that the availability of payment from other sources must be taken into account prior to expending Medicaid funds.

*ARCM policy, Attachment A, section B*

**5.** This question is for the child welfare services only. Documentation should indicate that IV-E eligibility/ineligibility was determined.

0 = Documentation does not indicate that the child is IV-E eligible.

2 = Documentation indicates that the child does meet the requirements of IV-E eligibility.

## **II. Opening a Case**

**1.** Locate the DSS-5027.

0 = DSS-5027 not in record.

1 = DSS-5027 in record, but not complete or not accurate.

2 = DSS form is in the record and it appears to be complete and accurate.

Note: If signing the DSS-5027 would create a barrier to receiving the service, the client is not required to sign. If this is the reason that it is not signed, it must be documented in the record.

*ARCM policy, section 5.1.1*

**2.** Review the assessment to ensure that it is completed in accordance with the ARCM policy. The assessment must be complete, thorough and identify needs.

0 = Assessment not present.

1 = Assessment present but not in accordance with ARCM policy.

2 = Assessment completed in accordance with ARCM policy.

*ARCM policy section 5.1.1*

**3.** Client meets at least one of the At-Risk status requirements. Review ARCM policy, section 3.0. This section lists the At-Risk status requirements for both children and adults.

0 = Assessment documents that client does not meet at least one of the At-Risk status requirements.

2 = Assessment documents that client meets at least one of the At-Risk status requirements.

*ARCM policy section 3.2 for adults and section 3.3 for children*

### III. Service Planning

1. Locate service plan in the record. Service planning is a crucial component of ARCM services (service plans may be contained in Family Service Agreements for child welfare services, or Adult and Family Service Plans for adult services).

0 = No service plan present.

2 = Service plan present in the record.

*ARCM policy section 5.1.2*

2. The Service Plan builds on the information collected through the assessment phase and includes activities to ensure the active participation of the Medicaid eligible individual and others to develop individual goals and a course of action.

0 = Service plan information not tied to assessment.

1 = Service plan information somewhat tied to assessment.

2 = Service plan information clearly tied to needs outlined in the assessment.

*ARCM policy section 5.1.2*

3. Goals and social work activities/strategies are identified in the service plan. The goals and actions in the service plan should address medical, social, educational and other services needed by the Medicaid eligible individual.

0 = Service plan does not identify client needs, does not identify strategies or goals.

1 = Service plan identifies needs, but not strategies or identifies strategies but not needs. Some elements not complete.

*ARCM policy section 5.1.2*

4. Target dates are included in the service plan.

0 = Does not include target dates.

2 = Target dates present.

*ARCM policy 7.1.1*

### IV. Delivering and Supervising Services

1. Documentation of At-Risk Case Manager's Activities in record.

0 = No documentation of activities.

1 = Some documentation of activities or description of activities do not match plan.

2 = Documentation of activity in record and matches plan.

*ARCM policy, section 7.1.1 number 3a*

2. Dates of service documented in the record.

- 0 = No dates of service documented.
- 1 = Some dates of service documented.
- 2 = All dates of service documented.

*ARCM policy, section 7.1.1 number 3b*

**3.** Verify that the amount of time spent on service is recorded in minutes on the day sheet. Contacts are documented on the day sheet (DSS 4263 and should specify client, day and service and correspond to the documented activities.

0 = No documentation of time on the DSS 4263 although activities were documented in the record.

2 = Minutes documented on the DSS 4263 and corresponds with documentation in the record for that time frame.

*ARCM policy section 7.1., number 3c*

**4.** Examine the record for the signature and credentials of the social worker providing the service.

0 = No signature of qualified person or listing of their credentials for the dates of service being billed (both must be present).

2 = Signature and listing of credentials present for dates of services being reviewed.

*ARCM policy section 7.1.1, number 3g*

**5.** Documentation of referrals showing the reason for referral for service(s) should be present in the record, when applicable. This is documentation of referrals made to/for other services or agencies, not the initial referral for ARCM.

0 = No record of referral in the record if applicable.

1 = Record of referrals, reason for referral not listed or reason inadequate

2 = Record of Referral and reason for referral present in record.

*ARCM policy, section 7.1.1, number 3d*

## **V. Quarterly Reviews of Service Plan**

The Service Plan must be reviewed quarterly by the social worker to assess the continuing appropriateness of providing At-Risk Case Management Services. These reviews must be documented and should be conducted within the month that they are due.

**1.** Timely Quarterly reviews conducted?

0 = No quarterly review documented in the record.



1 = Quarterly review in record, but not complete or does not adequately describe the situation or is not timely as described above

2 = Quarterly reviews present in record that accurately describes the situation of the individual and is timely OR record is not yet over 90 days and no review is due.

*ARCM policy, section 5.1.2*

2. Documentation in the record indicates that the service plan should be modified.

0 = Documentation in the record indicates that the service plan should be modified, but it was not.

1 = Service plan was modified but did not adequately reflect the changes in the individual's life.

2 = Service plan modified to adequately reflect the changes in the individual's life. This should include any new goals if necessary

*ARCM policy, section 5.1.2*

## **VI. Annual Reassessment of Service Plan**

A new annual reassessment is due before a client can continue to receive ARCM beyond 12 months of continuous service. A new service plan must be developed by the social worker to ensure that any new goals are established if needed.

1. An annual reassessment was completed prior to continuing services beyond 12 months?

0 = Annual reassessment has not been completed prior to services beyond 12 months

2 = Annual reassessment has been completed in accordance with ARCM policy and prior to continuing services beyond twelve months.

*ARCM policy, section 5.2 number 6*

2. A new service plan was developed prior to services continuing past 12 months.

0 = Service plan has not been developed/revised prior to services continuing beyond 12 months.

2 = Service plan developed prior to continuing services beyond 12 months.

*ARCM policy, section 5.2, number 6*

3. Service plan should be signed by social worker and the recipient.

0 = Service plan not signed prior to continuing services beyond 12 months (has to have both signature of social worker and recipient)

2 = Service plan signed prior to continuing services beyond 12 months. (has to have both signatures of social worker and recipient)

*ARCM policy, section 5.2, number 6*



**SECTION VII B- FSCWS**  
**Community Based Programs-Monitoring Contracts with Local Agencies and Organizations**  
**and Other Non-Governmental Entities.**

**Program areas and services to be monitored:**

<b>Area</b>	<b>Federal/State Compliance Number</b>	<b>Subrecipients to be monitored</b>	<b>Funding Source and Amount</b>	<b>Review Tool</b>
Family Violence Prevention	93.671	Attachment A	Federal and State: \$2,200,000.00	Attachment C
TANF Domestic Violence	93.558	All 100 Counties	TANF-\$2,200,000.00	Attachment C
Child Abuse Prevention	93.590	Attachment A	CBCAP- \$835,795.00	Attachment C
Work First/TANF After School Programs for At-Risk Children	93.558	Attachment A	TANF-\$2,749,642.00	Attachment C
Family Preservation and Support/Intensive Family Preservation Services (IFPS):	93.556	Attachment A	IV-B2-\$2,483,986.73	Attachment C
Family Preservation and Support/ Non Intensive Family Preservation Services (NON-IFPS):	93.556	Attachment A	IV-B2-\$2,483,986.73	Attachment C
Family Preservation and Support /Family Support Program /FRC	93.556	Attachment A	IV-B2-\$2,483,986.73	Attachment C
Family Preservation and Support/ Reunification Services	93.556	Attachment A	IV-B2-\$2,483,986.73	Attachment C
Family Preservation and Support/ Adoption Promotion and Support	93.556	Attachment A	IV-B2-\$2,483,986.73	Attachment C

**Description of Programs:**

**Family Violence Prevention:**

The Domestic Violence Program provides counseling, support, shelter, and other services to victims of domestic violence. Seventy four domestic violence programs have been awarded funding in 2007. The counties that do not have a domestic violence shelter program in their area are served through an outreach office in an adjoining county. Services to victims and their children are now provided in all 100 counties. The number of victims provided services has continued to increase annually. The program's funding has grown from \$1.6 million in 1998 to \$2.2 million in 2007.

**TANF Domestic Violence:**

The General Assembly of North Carolina allocated \$2,200,000 from the Federal TANF block grant in July, 2007, for direct services to victims of domestic violence and their dependents. Assistance to victims deemed eligible by the local County DSS and referred by the local domestic violence agency includes helping a family become safe and economically independent. Victims can be assisted with deposits for housing and utilities, cost of education, transportation, shelter services, legal fees, food, clothing, counseling, day care, and more. Each

county receives an allocation based on the number of domestic violence victims served in the previous year and the Work First caseload number as of July 1.

**Child Abuse Prevention:**

The Child Abuse Prevention programs provides family-centered and community- based interventions targeting children at risk to be abused, neglected or dependent, or at risk for dysfunction in the home or community, and are at risk of placement out of the home. Families will establish safe and supportive environments for their children. Programs will support the healthy development of children, establish and maintain family involvement in program planning, and mobilize public and private community resources to assist families and children in need. Agencies will provide evidence based programming to children and families. Programs funded include Respite, Special Initiatives (Fatherhood, Faith-Based and Healthy Marriages) and partial funding of the Family Resource Centers.

**TANF After-School Services and Programs for At-Risk Children:**

TANF After-School Services and Programs for At-Risk Children focuses on providing academic and enrichment services to students in K-12<sup>th</sup> grade in the out of school time hours. The target population for services are children who are at-risk of adolescent pregnancy, school drop-out and gang membership. A minimum of 10 hours of after-school service must be provided per week. For the 2007-2008 funding year (September 1<sup>st</sup> - June 30<sup>th</sup>), 28 programs will serve 2,287 children throughout North Carolina in venues that range from school systems, neighborhood not-for-profits and faith based entities.

**Family Preservation and Support Programs are the following:**

**Intensive Family Preservation Services (IFPS):**

The IFPS model provides in-home crisis intervention services designed to help families at imminent risk of having a child removed from the home. These services help to maintain children safely in their homes and prevent unnecessary separation of families. This model is characterized by very small caseloads for workers, short duration of services, 24-hour availability of staff, the provision of services primarily in the child's home or in another environment, and intensive and time-limited services.

**Family Preservation Services (NON-IFPS):**

Family Preservation Services are interventions that target at-risk families who are at high risk (although not at imminent risk) of placement out of the home. These services are provided for a maximum of 6 months, and have varying degrees of intensity depending on the needs of the family. Specific services offered during FPS are individual and family therapy, case management, mentoring, and client advocacy. As with IFPS, Family Preservation services are marked by 24-hour availability of staff, the provision of services primarily in the child's home, and a goal of maintaining and safe and intact family unit.

**Family Support Programs:**

Family support programs are defined as a conceptual approach to strengthening and empowering families and communities so they can foster the most favorable development of all family members. The operating premise of family support programs is that if family and child quality of life is improved, the risk of abuse/neglect and foster care placement decreases. Rather than following a particular intervention design, family support programs attempt to address the specific needs of the families in the community in which they operate. This flexibility encourages grass-roots program development and collaboration with families and other local interests in the program planning process.

Because of the grassroots, community-based orientation of family support programs, there are significant variances among programs. However, all programs provide evidence based programming. Many family support programs are far-reaching and make available an array of social, educational, and recreational activities. Other family support programs are designed to provide a single service. Some examples of intervention components for family support services in North Carolina include support groups, parent education/training, and information and referral.

#### **Family Resource Center Services (FRC):**

Family Resource Centers are a community-based, centralized source for family support services that may be provided through information and referral, on-site programming or home-based strategies. Services established at FRC's target families and children from birth through seventeen, and are provided for all family members. All FRC's provide evidence based programming to families. Examples of family support service models that are often incorporated in an FRC program include parent education, and information and referral services, along with an array of other services unique to the community.

#### **Reunification Services:**

Family Reunification services are intended to help families re-integrate children into their home after they have been placed into foster care or DSS has placement authority. Reunification services typically begin while the child is still living out of the home, with the family reunification worker assisting the family in creating a safe and successful transition back to the home. Services continue after the child returns home, with workers providing individual and family therapy, case management, and client advocacy to help support the reunification.

#### **Adoption Promotion and Support:**

Adoption Promotion and Support services help adoptive families with support on an on-going basis to their families so that they can make a lifetime commitment to their children. These services include recruitment of adoptive families, preparation for adoption and supportive services after the finalization of the adoption.

#### **Risk Assessment for Subrecipients:**

Initially, risk assessment starts during the contracting process. Areas evaluated include, but are not limited to: the size of the contracted agency, complexity of funding and programs, organizational experience, size of funding award, variety of programs, organizational history, previous experience, resolution of issues indicated in the Program Monitoring Database, and staff turnover. The following charts outline risk factors that are considered when assessing the monitoring required for each contracted agency.

##### **Low Risk Factors\***

##### **Suggested Monitoring**

No Audit finding. No corrective action plans. Capable staff with low turnover. Complete, accurate and timely routine reports. No complaints (clients, staff, etc.). Attend required meetings. Previously funded agency.	Desk Review of regular reports (fiscal/program). Random request of 1571 back-up information. Desk Monitoring twice during the contract year. Scheduled site visit (s). Documentation of monitoring activities.
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**Medium Risk Factors\*****Suggested Monitoring**

Audit findings. Weakness in internal controls. Weakness is staff. Change in Management/Administration. Variances in fiscal/monthly reports. New Contractor. Non-attendance of required meetings. Late contract start date. Unclear program/fiscal policies. Late submissions of required documentation.	Desk Review of regular reports (fiscal/program). Random request of 1571 back-up information. Desk Monitoring twice during the contract year. Scheduled site visit(s) for specific areas of concern. Corrective Action Plan implemented. Documentation of monitoring activities.
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**High Risk Factors\*****Suggested Monitoring**

Unresolved audit finds. Unresolved correction action plan. Untrained staff/turnover. Complaints. Failure to submit required documentation. On Non-Compliance State Auditor's List. Lack of Program/Fiscal Policies. Failure to respond.	Desk Review of regular reports (fiscal/program). Random request of 1571 back-up information. Desk Monitoring twice during the contract year. Scheduled site visits(s) for specific areas of concern. Unscheduled site visits. Corrective Action Plan implemented. Follow-up site visit(s) within three months. Documentation of monitoring activities. Termination of contract.
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\* Any or all factors determine risk level.

**Core Areas to be monitored \***

The OMB Circular A-133 specifies fourteen (14) areas of compliance monitoring. North Carolina has an additional requirement that policies prohibiting conflict of interest be reviewed for non-profit subrecipients. Depending on the program and type of funding, all 14 core areas may **not** be applicable to the funding source.

The core areas of compliance monitoring involve fiscal monitoring (i.e., review of financial statements, audit findings and internal control questionnaires) and program monitoring (i.e., determination of whether the eligibility criteria were met or review of the scope of work to see if the objectives of the contract have been met). Following is a brief description of each of the core areas:\*

*CC: Crosscutting Requirements:* These are supplements written by state agencies to detail in one location the common compliance requirements that span across several programs.

*A/I: Activities Allowed or Unallowed:* This requirement refers to specific activities identified in the grant agreement, contract, allocation, letters, policy manuals and state or federal regulations that are allowed or that may be unallowed. The purpose of this requirement is to provide reasonable assurance that State and Federal funds are used for the intended purposes.

*B/2: Allowable Costs/Cost Principles:* This requirement seeks to assure that the costs paid to the contractor are reasonable and necessary for the operation and administration of the program and that the subrecipient uses an acceptable method of allocating costs, including indirect costs.

*C/3: Cash Management:* This requirement is only applicable if the contractor receives an advance of funds from NCDSS of more than 60 days from when the funds would ordinarily be disbursed. In accordance with the DHHS Cash Management Policy, the Controller's Office is responsible for reviewing the cash needs of subrecipients that receive advances every three months to determine whether or not the advance represents more than a 60-day cash requirement.

*D: Davis-Bacon Act:* This requirement is not applicable to DHHS subrecipients. It is a federal law that applies to contractors with contracts for more than \$2,000 financed by federal dollars where laborers and mechanics are employed.

*E/5: Eligibility:* This requirement ensures that only those individuals and organizations that meet the eligibility requirements for receiving services or financial assistance from the program participate in the program. The eligibility requirement for an individual diagnosis, risk factors, medical necessity criteria, income, etc. Similarly, an organization may qualify to participate in a program based on the extent to which the type of program and the mission of the organization are consistent with the requirements of the funding source.

*F/6: Equipment and Real Property Management:* This requirement refers to tangible property that has a useful life of more than one year and costs more than \$5,000. Such equipment may only be purchased per the conditions of the approved contract or grant agreement.

*G/7: Matching, Level of Effort, Earmarking:* These requirements are specifically addressed in the grant documents, allocation letters, contracts and state or federal regulations.

- *Matching* refers to the specific amount or percentage of funds the subrecipient is required to match the state or federal grant. The matching portion must be verifiable in the accounting records, incurred during the period of the award, must not be used to meet the match of another program, allowable under cost principles and derived from non-federal or non-state funds unless specifically authorized.
- *Level of Effort* refers to the specific level of service that must be provided (e.g., the number of clients the subrecipient must serve) or a specified level of service (e.g., maintenance of effort) or the requirement that federal or state funds may only be used to supplement the non-state or non-federal funding of the service.
- *Earmarking* refers to the requirement that an amount or percentage of a program's funding must be used for specific activities.

*H/8: Period of Availability of Federal Funds:* This requirement refers to the time period authorized for state and federal funds to be expended. State funds are authorized for the fiscal year (July 1 – June 30); however, NCDSS may allow a subrecipient to carry forward unexpended funds into the next fiscal year. Most federal funds allow additional time after the end of the grant period for obligations incurred during the grant period to be paid.

*I/9: Procurement and Suspension and Debarment:* This requirement assures that the subrecipient follows the state and federal policies and procedures for procurement, that the subrecipient has not been suspended or disbarred from receiving funding from the state or federal government, and that the subrecipient does not use

federal funds to purchase goods or services costing more than \$100,000 from a vendor that has been disbarred by the federal or state government..

*J/10: Program Income:* The purpose of this requirement is to assure that program income is being used appropriately. This requirement refers to the gross income received by the subrecipient on activities, services or goods purchased with state or federal funds. Program income may be used to provide matching funds when approved by the state or federal agency.

*K/11: Real Property Acquisition and Relocation Assistance:* This requirement does not apply to DHHS.

*L/12: Reporting:* Contract administrators are required to monitor the financial, performance and special reporting of the subrecipient in order to provide assurance that funds are being managed efficiently and effectively to accomplish the objectives of the program as specified in the compliance supplement, applicable laws and regulations, and contract or grant agreements.

*M/13: Subrecipient Monitoring:* Program Monitors/Contract administrators /Program coordinators are required to provide assurance that any NCDSS subrecipient that subcontracts with another agency monitors the agency with which the subrecipient subcontracts as specified in the compliance supplement for the funding source.

*N/14: Special Tests and Provisions:* Program Monitors/Contract administrators/Program coordinators must provide assurance that all special requirements found in the laws, regulations, or the provisions of the contract or grant agreement are monitored appropriately. Such special tests and provisions may relate to fiscal and/or programmatic requirements or may include actions that were agreed to as part of the audit resolution of prior audit findings or in corrective action plans identified as a result of monitoring reviews.

*15: Conflict of Interest:* This requirement applies to any private, non-profit entity eligible to receive state funds, either by General Assembly appropriation, or by grant, loan or other allocation from a State agency (S.L. 1993-321, Section 16 of the Appropriations Act). An agency official is required to sign a notarized copy of the policy before a contract is executed. Copies of the organization's attestation to the Conflict of Interest Policy is kept by the Program Compliance section in the organization's file. The Division's Conflict of Interest Policy for Private Not-for Profit Agencies can be found in Attachment B.

The applicable compliance requirements for a funding source are outlined in the compliance supplement for the specific federal or state program. In cases where a program is funded by multiple funding sources, the funding source with the most stringent requirements would be the criteria used to monitor the program. The compliance supplement identifies those core areas which at a minimum must be monitored. The Site Visit Monitoring Tool addresses the compliance requirements (see Attachment C). Monitors are not precluded from looking at additional areas as long as the minimum core areas are also examined. (See Attachment B for an overview of compliance requirements for each program for which NCDSS is the pass-through entity). Monitoring the compliance requirements helps to fulfill part of the intent of the Federal Financial Assistance Management Improvement Act of 1999 (i.e., to improve the effectiveness and performance of federal financial assistance programs).

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*\*Note: With the exception of the Davis-Bacon Act (D) and the Conflict of Interest (15) requirement, the federal and state requirements are the same. The alphabetic code denotes how the federal requirement is referenced. The numeric code is the corresponding state code for that core area.*



## **Process of Review**

Monitoring begins during the sub-recipient application process. Subrecipients submit an application responding to a Request for Application (RFA) which outlines all contract monitoring that will be required during the contract period. The monitoring process encompasses a variety of tools that are used throughout the contract period. Fiscal and program reports, desk monitoring, site visits and on-going telephone/e-mail contact with contracted agencies provide valuable information to determine agency's contractual compliance and program success. Contract Administrators are responsible for monitoring contractual activities, maintaining monitoring documentation and providing monitoring follow-up to all contracted agencies.

Desk monitoring occurs on a monthly basis, Contract Administrators review the DSS 1571 III Administrative Cost Report for accurate, allowable and reasonable costs and the State Auditors' non-compliance list is reviewed to ensure all G.S. 143-6.2 reporting requirements are being fulfilled by the contracted agency. If applicable, monthly program reports or database entries into the Family Support Database are reviewed to ensure participants are enrolled and programming activities have been implemented. Ongoing telephone and e-mail monitoring is documented by the Contract Administrator when it pertains to possible contractual non-compliance issues.

During the first quarter of the contract year, organizations receive a "Performance Status Report" (see Attachment D). This document is completed by the contracted agency within 90 days of the contract start date and is essential to the desk monitoring process. A conference call between the Contract Administrator and contracted agency administration/staff, reviews the agency's Performance Status Report to ensure that required components of programming and accurate monthly reporting are being implemented and baseline data is being compiled to fulfill the evaluation plan of the contract. In addition, any concerns or additional clarification needed by the contracted agency regarding the contract are addressed with the Contract Administrator. A review of the Performance Status Report after the conference call enables the Contract Administrator to finalize the risk assessment of the contracted agency. The risk assessment of the agency is entered into the DHHS Program Monitoring Database by the Contract Administrator.

A site visit is scheduled during the second quarter of the contract year and entered into the DHHS Program Monitoring Database. Information within the DHHS Program Monitoring Database is used to review any previous contractual issues with the agency and facilitates the coordination of the on-site monitoring visit. Contracted agencies receive a written verification of the site-visit date and contractual areas that will be reviewed during the visit. If the contracted agency is assessed at medium or high risk, a site visit is scheduled early in the second quarter. Any contracted agencies assessed as high risk will require another scheduled/unannounced site visit in the fourth quarter. The Site Visit Report (see attachment C) is completed at the end of the scheduled/unannounced site visit. The OMB Circular A-133 specifies fourteen areas of compliance monitoring and if applicable to the program are reviewed during the site visit, in addition to the contracted agency's Conflict of Interest Policy which is included in the agency's executed contract. Areas concerning programming, fiscal management, compliance requirements, personnel, safety, organizational capacity, subcontract services and evaluation are also reviewed to confirm contractual compliance during the site visit. Contracted agencies receive a copy of the completed site-visit form at the end of the site-visit. A successful site visit will require a re-assessment of risk level for medium and high contracted agencies to a lower risk level. The DHHS Program Monitoring Database is updated after the site-visit

## **Corrective Action:**

Contracted organizations failing to meet contractual requirements have thirty days to adhere to a corrective action plan developed by the Contract Administrator. The contracted agency immediately moves to a higher risk

level which is amended in the DHHS Monitoring Database. A follow-up site visit is scheduled on the thirty day deadline date to review the area(s) of contractual non-compliance. All areas of non-compliance listed in the corrective action plan are reviewed and verified for contractual compliance. If the contract is still in non-compliance status, the contract may be terminated due to failure to meet the terms and conditions of the contract.

**Maintenance of Monitoring Documentation/Documentation of Monitoring Activities:**

All monitoring documentation, verification information, corrective action plans, correspondence, and program/fiscal reports are maintained in the agency's master file located in the Community Based Program's office located at the NC Division of Social Services, 325 S. Salisbury Street, Room 779, Raleigh, NC 27603. Contract Administrators are responsible for the maintenance of monitoring documentation and entering all pertinent information into the DHHS Program Monitoring Database.

<b>ALL PROGRAMS</b>	
<b>Provider Name (Subrecipient)</b>	<b>Program Type</b>
Martin County Community Action, Inc.	Adoption Promotion
Children's Home Society of North Carolina, Inc.	Adoption Promotion
Another Choice for Black Children, Inc.	Adoption Promotion
Mountain Youth Resources, Inc.	Adoption Promotion
Appalachian Family Innovations, Inc.	Adoption Promotion
Family Resource Center of Raleigh, Inc.	IFPS
Martin County Community Action, Inc.	IFPS
Exchange Club Child Abuse Prevention Center of NC, Inc.	IFPS
Exchange Club Child Abuse Prevention Center of NC, Inc.	IFPS
Methodist Home for Children	IFPS
Methodist Home for Children	IFPS
Martin County Community Action, Inc.	IFPS
Choanoke Area Development Association of NC, Inc. (CADA)	IFPS
Choanoke Area Development Association of NC, Inc. (CADA)	IFPS
Choanoke Area Development Association of NC, Inc. (CADA)	IFPS
Methodist Home for Children	IFPS
Daymark Recovery Services	IFPS
Youth Homes, Inc.	IFPS
Rainbow Center, Inc.	IFPS
North Carolina Cooperative Extension Service	IFPS
Appalachian Family Innovations of Appalachian State University	IFPS
Mountain Youth Resources, Inc.	IFPS
Family Service of the Piedmont, Inc.	IFPS
Mountain Youth Resources, Inc.	Non-IFPS
Youth Homes, Inc.	Non-IFPS
Mountain Youth Resources, Inc.	Non-IFPS
Chatham County Dept of Social Services	Non-IFPS
Family Service of the Piedmont, Inc.	Non-IFPS
Mountain Youth Resources, Inc.	Reunification
Martin County Community Action, Inc.	Reunification
Methodist Home for Children	Reunification
Rainbow Center, Inc.	Reunification
Methodist Home for Children	Reunification
Martin County Community Action, Inc.	Reunification
Family Resource Center of Raleigh, Inc.	Reunification
Exchange Club Child Abuse Prevention Center of NC, Inc.	Reunification
Community Link	Reunification
Community Link	Reunification
Catawba County Social Services	Reunification
Appalachian Family Innovations of Appalachian State University	Reunification

ALL PROGRAMS	
Provider Name (Subrecipient)	Program Type
Family Service of the Piedmont, Inc.	Reunification
Provider Name (Subrecipient)	Program Type
UNC Chapel Hill – Family Support Network	Family Resource Center
Alleghany Partnership for Children	Family Resource Center
Swain County Government	Family Resource Center
Graham County Schools	Family Resource Center
Ashe County Partnership for Children	Family Resource Center
Durham Exchange Clubs	Family Resource Center
Bertie County Schools	Family Resource Center
Winston-Salem State University	Family Resource Center
Chapel Hill Training Outreach Project, Inc.	Family Resource Center
SAFEchild	Family Resource Center
Children's Center of Surry	Family Resource Center
Wayne Action Group for Economic Solvency, Inc. (WAGES)	Family Resource Center
Bladen Family Support Initiative, Inc.	Family Resource Center
Down East Partnership for Children, Inc.	Family Resource Center
Down East Partnership for Children, Inc.	Family Resource Center
Richmond County Community Support Center	Family Resource Center
Communities in Schools of Brunswick County, Inc.	Family Resource Center
McDowell County Public Schools	Family Resource Center
Caring For Children	Family Resource Center
Family Resources of Cherokee County, Inc.	Family Resource Center
Burke County Public Schools	Family Resource Center
Fairgrove Family Resource Center	Family Resource Center
Family Service of the Piedmont	Family Resource Center
HUG, Inc.	Family Resource Center
Robeson County Department of Public Health	Family Resource Center
Franklin, Vance & Warren Opportunity, Inc.	Family Resource Center
East Carolina Community Development, Inc.	Family Resource Center
The Family Place of Transylvania County	Family Resource Center
Southwestern Child Development Commission, Inc.	Family Resource Center
Columbus County DREAM Center, Inc.	Family Resource Center
NC Exchange Club Foundation	Family Resource Center
Wayne Uplift Resource Association	Respite
CARING for Children	Respite
Chapel Hill Training Outreach Project, Inc.	Respite
Exchange Club	Respite
Richmond County Community Support Center	Respite
Southwestern Child Development Commission, Inc.	Respite
Youth Focus, Inc.	Respite
Southwestern Child Development Commission, Inc.	Respite
Albemarle Hopeline, Inc	FVP
Anson Domestic Violence Coalition	FVP

ALL PROGRAMS	
Provider Name (Subrecipient)	Program Type
Ashe County Partnership for Children	FVP
Provider Name (Subrecipient)	Program Type
Association of Domestic Violence Outreach Stores, Inc.	FVP
Cabarrus Victims Assistance Network (CVAN)	FVP
Cumberland County Department of Social Services	FVP
Carteret County Domestic Violence Program, Inc.	FVP
Child and Parent Support Services CAPSS	FVP
Citizens Against Domestic Violence	FVP
Cleveland County Abuse Prevention Council, Inc.	FVP
Coastal Women's Shelter, Inc.	FVP
Crisis Council, Inc.	FVP
Davie Domestic Violence Services & Rape Crisis Center	FVP
Diakonos, Inc.	FVP
Domestic Violence Resource Center of Alexander County	FVP
Domestic Violence Shelter and Service, Inc.	FVP
Durham Crisis Response Center	FVP
Faith in Action Inc	FVP
Families First, Inc.	FVP
Family Abuse Services of Alamance County, Inc.	FVP
The Family Guidance Center, Inc.	FVP
Family Resources of Rutherford County, Inc.	FVP
Family Service of the Piedmont, Inc.	FVP
Family Services of Davidson Co. Inc.	FVP
Family Services of McDowell County, Inc.	FVP
Family Services, Inc.	FVP
Family Violence Program Inc of Pitt County	FVP
Family Violence and Rape Crisis Services	FVP
Family Violence Coalition of Yancey, Inc.	FVP
Family Violence Prevention Center of Orange County	FVP
Friend to Friend	FVP
Gaston County Department of Social Services	FVP
Hannah's Place, Inc.	FVP
Harbor, Inc.	FVP
Haven in Lee County Inc	FVP
Help Incorporated: Center Against Violence	FVP
Helpmate, Inc.	FVP
Hope Harbor Home, Inc.	FVP
Legal Aid of North Carolina, Inc.	FVP
Lincoln County Coalition Against Domestic Violence	FVP
Mainstay, Inc.	FVP
Mitchell County Safe Place	FVP
My Sister's House, Inc.	FVP
My Sister's Place, Inc.	FVP

ALL PROGRAMS	
Provider Name (Subrecipient)	Program Type
New Horizons	FVP
Provider Name (Subrecipient)	Program Type
OASIS, Inc. (Opposing Abuse with Service, Information & Shelter)	FVP
Onslow Women's Center, Inc.	FVP
Options to Domestic Violence and Sexual Assault, Inc.	FVP
Pisgah Legal Services	FVP
Randolph County Family Crisis Center, Inc.	FVP
Reach of Clay County	FVP
REACH of Haywood County, Inc.	FVP
REACH of Jackson County, Inc.	FVP
REACH of Macon County, Inc.	FVP
Roanoke Chowan Services for Abused Families With Emergencies	FVP
Safe in Lenoir County, Inc.	FVP
Safe Space, Inc.	FVP
SAFE, Inc. of Transylvania County	FVP
Sarah's Refuge, Inc.	FVP
S A F E of Harnett County	FVP
The Shelter's Home of Caldwell County, Inc.	FVP
Southeastern Family Violence Center	FVP
Steps to HOPE, Inc.	FVP
Swain/Qualla SAFE, Inc.	FVP
Task Force on Family Violence REACH, Inc.	FVP
The Family Violence Prevention Center Inc. dba Interact	FVP
The University of North Carolina at Charlotte	FVP
Town of Yanceyville	FVP
U Care, Inc	FVP
United Services	FVP
Wayne Uplift Resource Center	FVP
Chapel of Christ the King	After-School At-Risk
Athletes United for Youth	After-School At-Risk
Wayne Uplift Resource Association, Inc.	After-School At-Risk
Duplin County Schools	After-School At-Risk
Duplin County Schools	After-School At-Risk
Highland Family Resource Center	After-School At-Risk
Wilmington Residential Adolescent Achievement Place	After-School At-Risk
Teaching Academics for Life	After-School At-Risk
Bladen County Schools	After-School At-Risk
Communities in Schools of Brunswick County, Inc.	After-School At-Risk
Alliance for Children & Youth, Inc.	After-School At-Risk
Alliance for Children & Youth, Inc.	After-School At-Risk
Chapel Hill Training Outreach Project, Inc.	After-School At-Risk
Chapel Hill Training Outreach Project, Inc.	After-School At-Risk
Scotland County Schools	After-School At-Risk

ALL PROGRAMS	
Provider Name (Subrecipient)	Program Type
Hyde County Schools	After-School At-Risk
Provider Name (Subrecipient)	Program Type
Teen Health, Inc.	After-School At-Risk
L L Reid Learning Center	After-School At-Risk
Urban Restoration, Inc.	After-School At-Risk
Catawba County Hispanic Ministries	After-School At-Risk
Perquimans County Schools	After-School At-Risk
Richmond County Community Support Center	Faith Based
Immaculate Conception Catholic Church	Faith Based
Daymark Recovery Services, Inc.	Faith Based
Daymark Recovery Services, Inc.	Fatherhood
Union County Community Action, Inc	Fatherhood
Family Life Council of Greater Greensboro, inc.	Fatherhood
Appalachian Family Innovations	Healthy Marriage
Bertie County Schools	Healthy Marriage
Association for Couples in Marriage Enrichment	Healthy Marriage
AWAKE	CAC
The Butterfly House - Stanly Regional Medical Center	CAC
The Center for Child & Family Health	CAC
Children's Advocacy Center of Catawba County	CAC
Children's Advocacy Center of Cleveland County	CAC
Child Advocacy Center	CAC
Crossroads	CAC
Dove House	CAC
Family Service of the Piedmont -Greensboro CAC	CAC
Family Service of the Piedmont -Hope House	CAC
Family Resources-Wanda Paul Children's Center	CAC
H.A.V.E.N.	CAC
The Healing Place	CAC
K.A.R.E.	CAC
KIDS FIRST	CAC
KIDS Place	CAC
South Mountain Children & Family Services (Gingerbread House)	CAC
TEDI BEAR Children's Advocacy Center	CAC
United Family Services - The Tree House	CAC
Heart to Heart	CAC

## NOTARIZED CONFLICT OF INTEREST POLICY

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State of North Carolina

County of \_\_\_\_\_

I, \_\_\_\_\_, Notary Public for said County and State, certify that  
 \_\_\_\_\_ personally appeared before me this day and acknowledged  
 that he/she is \_\_\_\_\_ of \_\_\_\_\_  
 [enter name of entity]

and by that authority duly given and as the act of the Organization, affirmed that the foregoing Conflict of Interest Policy  
 was adopted by the Board of Directors/Trustees or other governing body in a meeting held on the \_\_\_\_\_ day of  
 \_\_\_\_\_, \_\_\_\_\_.

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_.

(Official Seal)

\_\_\_\_\_  
 Notary Public

My Commission expires \_\_\_\_\_, 20 \_\_\_\_

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**Instruction for Organization:**

***Sign and attach the following pages after adopted by the Board of Directors/Trustees or other governing body OR replace the following with the current adopted conflict of interest policy.***

\_\_\_\_\_  
 Name of Organization

\_\_\_\_\_  
 Signature of Organization Official



### **Conflict of Interest Policy**

The Board of Directors/Trustees or other governing persons, officers, employees or agents are to avoid any conflict of interest, even the appearance of a conflict of interest. The Organization's Board of Directors/Trustees or other governing body, officers, staff and agents are obligated to always act in the best interest of the organization. This obligation requires that any Board member or other governing person, officer, employee or agent, in the performance of Organization duties, seek only the furtherance of the Organization mission. At all times, Board members or other governing persons, officers, employees or agents, are prohibited from using their job title, the Organization's name or property, for private profit or benefit.

A. The Board members or other governing persons, officers, employees, or agents of the Organization should neither solicit nor accept gratuities, favors, or anything of monetary value from current or potential contractors/vendors, persons receiving benefits from the Organization or persons who may benefit from the actions of any Board member or other governing person, officer, employee or agent. This is not intended to preclude bona-fide Organization fund raising-activities.

B. A Board or other governing body member may, with the approval of Board or other governing body, receive honoraria for lectures and other such activities while not acting in any official capacity for the Organization. Officers may, with the approval of the Board or other governing body, receive honoraria for lectures and other such activities while on personal days, compensatory time, annual leave, or leave without pay. Employees may, with the prior written approval of their supervisor, receive honoraria for lectures and other such activities while on personal days, compensatory time, annual leave, or leave without pay. If a Board or other governing body member, officer, employee or agent is acting in any official capacity, honoraria received in connection with activities relating to the Organization are to be paid to the Organization.

C. No Board member or other governing person, officer, employee, or agent of the Organization shall participate in the selection, award, or administration of a purchase or contract with a vendor where, to his knowledge, any of the following has a financial interest in that purchase or contract:

1. The Board member or other governing person, officer, employee, or agent;
2. Any member of their family by whole or half blood, step or personal relationship or relative-in-law;
3. An organization in which any of the above is an officer, director, or employee;
4. A person or organization with whom any of the above individuals is negotiating or has any arrangement concerning prospective employment or contracts.

D. **Duty to Disclosure** -- Any conflict of interest, potential conflict of interest, or the appearance of a conflict of interest is to be reported to the Board or other governing body or one's supervisor immediately.

E. **Board Action** -- When a conflict of interest is relevant to a matter requiring action by the Board of Directors/Trustees or other governing body, the Board member or other governing person, officer, employee, or agent (person(s)) must disclose the existence of the conflict of interest and be given the opportunity to disclose all material facts to the Board and members of committees with governing board delegated powers considering the possible conflict of interest. After disclosure of all material facts, and after any discussion with the person, he/she shall leave the governing board or committee meeting while the determination of a conflict of interest is discussed and voted upon. The remaining board or committee members shall decide if a conflict of interest exists.

In addition, the person(s) shall not participate in the final deliberation or decision regarding the matter under consideration and shall leave the meeting during the discussion of and vote of the Board of Directors/Trustees or other governing body.

**F. Violations of the Conflicts of Interest Policy** -- If the Board of Directors/Trustees or other governing body has reasonable cause to believe a member, officer, employee or agent has failed to disclose actual or possible conflicts of interest, it shall inform the person of the basis for such belief and afford the person an opportunity to explain the alleged failure to disclose. If, after hearing the person's response and after making further investigation as warranted by the circumstances, the Board of Directors/Trustees or other governing body determines the member, officer, employee or agent has failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action.

**G. Record of Conflict** -- The minutes of the governing board and all committees with board delegated powers shall contain:

1. The names of the persons who disclosed or otherwise were found to have an actual or possible conflict of interest, the nature of the conflict of interest, any action taken to determine whether a conflict of interest was present, and the governing board's or committee's decision as to whether a conflict of interest in fact existed.
2. The names of the persons who were present for discussions and votes relating to the transaction or arrangement that presents a possible conflict of interest, the content of the discussion, including any alternatives to the transaction or arrangement, and a record of any votes taken in connection with the proceedings.

Approved by:

\_\_\_\_\_  
Name of Organization

\_\_\_\_\_  
Signature of Organization Official

\_\_\_\_\_  
Date

## Site Visit Report

**Instructions:** The Contract Administrator will conduct a site visit during the contract year. The Performance Status Report completed by the Provider should accompany this report. Attach all supporting documents necessary. Site Visit information must be entered into the DHHS Program Monitoring Database.

Agency:		Site Visit Date:		Risk Assessment:	
Program Name:				Contract #	
Program Type:					
Type of Visit: <input type="checkbox"/> Monitoring Visit <input type="checkbox"/> Site Visit <input type="checkbox"/> Technical Assistance <input type="checkbox"/> Other (Explain)					
In Attendance:				Date:	
<b>Topic Area</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Recommendations/Comments</b>	
<b>A. Budget</b>					
1. Are 1571 fiscal reports on file and is an electronic copy maintained?					
2. Are 1571 fiscal reports submitted on time?					
3. Are 1571 fiscal reports submitted accurately?					
4. B/2- Are Costs Allowable					
5. Is budget spend down appropriate?					
6. Is a budget amendment needed?					
7. Are receipts kept for audit purposes? Review back up information for one submitted 1571 report. Attach to report.					
8. Are expenditures in accordance with the budget?					
9. Is travel documented - date, distance, locations, staff purpose & rates?					
10. Are funds co-mingled (placed in one account)?					
If Yes, is there a Journal/Ledger Spreadsheet?					
11. G/7: Are match requirements being met?					
-- Can grantee provide clear documentation of match?					
-- What are the sources of the match?					
12. Records are retained for five years from the end					

date of the contract				
<b>B. Equipment (F/6)</b>				
1. Has approved equipment been purchased? Review receipts.				
2. Was competitive bidding used to obtain equipment?				
3. Is equipment being used appropriately and clearly marked "Property of DHHS"?				
<b>C. Professional and Contractual Services</b>				
1. Have all subcontracts received PRIOR grantor approval?				
2. Are subcontractor's contracts signed and filed?				
3. Does subcontract outline work to be performed and does it comply with program objectives?				
4. Are subcontractors submitting required fiscal/program reports by required deadlines?				
5. Was competitive bidding used to obtain subcontract(s)?				
6. If sole source used, is approval on file?				
7. Is "Subcontractor" making regular & accurate billing?				
<b>D. Personnel</b>				
1. Are all contract positions filled?				
2. Are file folders maintained for each employee (including employment applications, job descriptions, resumes, background checks, reference checks, W-4 and I-9 forms, etc)?				
3. Are time sheets maintained for all employees?				
4. Are there any conflict of interest issues in the hiring/supervision process?				
5. Has staff attended required training?				

<b>E. Programming</b>				
1. Did the program start on time?				
2. Is the program design implemented?				
3. Has projected number of participants been met?				
4. E/5-Do participants meet eligibility requirements?				
5. Is programming delivered in a culturally competent manner?				
6. Is programming required by the federal/state funding source being implemented?				
7. A/1-Are activities Allowable				
8. Is information entered into the program database timely?				
9. Is information entered into the program database accurate? Attach to report.				
10. Are program policies and procedures in place?				
11. Is programming in a safe and secure environment?				
12. Is client information on file?				
13. Interview or discussion with staff/participants/board members.				
14. Is staff to client ratio appropriate?				
15. Are services provided outside of traditional hours?				
16. Is baseline/outcome data being collected?				
17. Is there evidence of on-going collaboration with other service delivery systems/community partners?				
<b>E. Organizational Capacity</b>				
1. Review board member roster - attach to report.				
2. Review board member				

minutes - attach to report				
3. Are the required individuals on the advisory board?				
4. Review agency's By-Laws – attach to report.				
5. Is staff turn-over rate high?				
6. Is appropriate supervision given to staff?				
7. Is there a Sustainability Plan?				

Briefly, describe what follow-up support (if any) is needed.

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Is a Corrective Action Plan needed: ☐ YES ☐ NO

If yes, Corrective Action Plan steps may/will be required to be initiated and resolved within 30 days.

Coordinator/Consultant

Date \_\_\_\_\_

Program Administrator

Date \_\_\_\_\_



## Performance Status Monitoring Tool

**Goal:** On a yearly basis, the North Carolina General Assembly allocates funds to the Department of Health and Human Services' Division of Social Services for the provision of \_\_\_\_\_ Programs. It is our goal to ensure that organizations are self-monitoring and meeting their contracted measurable program outcomes. This completed report will be due by \_\_\_\_\_. Please note that upon completion of this report, an Evaluation Conference Call will be scheduled to review your program's current performance status and outcomes.

Name of Organization:

Name of Program:

Please list all contracted services and activities:

Contracted Number of Participants: \_\_\_\_\_ Contracted Funded Amount: \$\_\_\_\_\_

Population Served: Children ☐ Parents/Guardians ☐ Families ☐ Other ☐

County/Area Served:

Please list, as stated in your proposal, at least three needs in your community that will be addressed through your program:

- 
- 
-

**FISCAL MANAGEMENT:**

1. Does the agency fiscal staff person have a copy of the contract and budget?  
☐ YES      ☐ NO
2. Is the 1571 Reimbursement form submitted by the 10<sup>th</sup> of each month?  
☐ YES      ☐ NO
3. Are multiple funding sources received by the agency?  
☐ YES      ☐ NO
4. Are funds co-mingled (deposited into one account)?  
☐ YES      ☐ NO
5. If "Yes" to question 3 or 4 : Please have a copy of the agency's **Cost Allocation Plan** available for review during site visit.
6. All equipment purchased from the funding for this program is to be labeled "Property of \_\_\_\_\_ DHHS – FRC"?  
 Labeled equipment will be viewed during the site visit.
7. Does your contract include Flex Funds to assist participants during times of crisis?  
☐ YES      ☐ NO  
 If 'yes', please have a copy of the policy for expending these funds available for review during the site visit.
8. How are subcontractors monitored?

**PROGRAMMING:**

1. Is a copy of the contract located at the program site(s)?  
☐ YES      ☐ NO
2. Have all of the staff listed in the budget been hired?  
☐ YES      ☐ NO
3. Has a calendar of activities been provided monthly to the state office?  
☐ YES      ☐ NO
4. Is there a Policy and Procedures manual onsite at the program?  
☐ YES      ☐ NO  
 (Please have available for review during the site visit.)
5. Has each adult participant been invited to join the Advisory Board?  
☐ YES      ☐ NO



6. Are families referred to other agencies for services not provided by your program?  
☐ YES ☐ NO

**DATABASE:**

1. Is the **Database** completed monthly in an accurate and timely manner?  
☐ YES ☐ NO
2. Who is responsible for database entry accuracy?  
 \_\_\_\_\_
3. Does the Program Director check the database monthly for accuracy?  
☐ YES ☐ NO

**EVALUATION:**

Please list all your **Goals, Objectives, and Outcomes**, as stated in your approved Contract:

**Goal 1:**

**Outcome 1:**

How will Outcomes for this activity be measured? (Attach a copy of the measurement tool)

Status (check one)    \_\_\_\_\_ In Progress    \_\_\_\_\_ Completed    To Begin on \_\_\_\_\_  
 \_\_\_\_\_

Describe key accomplishments and challenges with this measurable goal/outcome:

**Outcome 2:**

How will Outcomes for this activity be measured? (Attach a copy of the measurement tool)

Status (check one)    \_\_\_\_\_ In Progress    \_\_\_\_\_ Completed    To Begin on \_\_\_\_\_

Describe key accomplishments and challenges with this measurable goal/outcome:

**Outcome 3:**

How will Outcomes for this activity be measured? (Attach a copy of the measurement tool)

Status (check one)    \_\_\_\_\_ In Progress    \_\_\_\_\_ Completed    To Begin on \_\_\_\_\_

Describe key accomplishments and challenges with this measurable goal/outcome:

**Goal 2:**

**Outcome 1:**

How will Outcomes for this activity be measured? (Attach a copy of the measurement tool)

Status (check one)    ☐ In Progress    ☐ Completed    To Begin on \_\_\_\_\_

Describe key accomplishments and challenges with this measurable goal/outcome:

**Outcome 2:**

How will Outcomes for this activity be measured? (Attach a copy of the measurement tool)

Status (check one)    ☐ In Progress    ☐ Completed    To Begin on \_\_\_\_\_

Describe key accomplishments and challenges with this measurable goal/outcome:

**Goal 3:**

**Outcome1:**

How will Outcomes for this activity be measured? (Attach a copy of the measurement tool)

Status (check one)    ☐ In Progress    ☐ Completed    To Begin on \_\_\_\_\_

Describe key accomplishments and challenges with this measurable goal/outcome:

**Outcome 2:**

How will Outcomes for this activity be measured? (Attach a copy of the measurement tool)

Status (check one)    ☐ In Progress    ☐ Completed    To Begin on \_\_\_\_\_

Describe key accomplishments and challenges with this measurable goal/outcome:

Date and time for a telephone conference call to discuss this document:  
\_\_\_\_\_ TBA \_\_\_\_\_. A site visit will be scheduled during the conference call.

Date and time of Scheduled Site Visit: \_\_\_\_\_ TBA \_\_\_\_\_